AUSE OF DEATH in plain terms, so that it may be properly classified.

fION is very important. See instructions on back of certificate.

(	M	f infor-
1		item of
		Every
		-0

of OCCUPA.

Exact statement

# STATE OF MARYLAND-CERTIFICATE OF DEATH 2759

1. PLACE OF DEATH	9372
County Baltimore	Registration Dist. No.
	No. Jaylor Core. St., Ward death occurred in a morpital or institution, give its NAME instead of street and number)
Langth of rasidanca In city or town where daath occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charlotte adam	If U.S. Veteran specify WAR
(a) Residence: No. Jaylor Core (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemsle 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Capil P  (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of albert adams	22. I HEREBY CERTIFY. That I ettended deceased from 1936 to 1971
6. DATE OF BIRTH (month, day, end year) Leb. 2 - 1851	I last saw her alive on appe 12 , 1926; death is said
7. AGE Years Months Deys If LESS than 1 day,hrs.	to have occurred on the dete stated above, at
85 2 10 1 udy,min,	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	OP VI
9. Industry or business in which work was done, as SILK MILL, CAN WILL DRAWS LE	Caranie / Agrees like 1987
10. Date deceased last worked et this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Somegast Co.	Other Centributory Causes of importance:
(State or country)	
13. NAME Levery Taylor	
14. BIRTHPLACE (city or town)	Neme of operation
(State of Country)	What test confirmed diagnosis?there an aulopsy? !!Q
15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida?
(State or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Snare Ingusoll (Address) lessex Ind.	Specify whether Injury occurred In INDÚSTRY, in HOME, or In PÜBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Salisbury Indoors 4/13/, 1936	Mannar of injury
19. UNDERTAKER Itiell & Johnson	24. Was disease or injury in any way related to occupation of deceased?
(Address) Salsofing and	If so, spacify
20. FILED 4/12/ 1936 Stry 5. Cornelly Registar.	(Address) Losey Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

pa-	Example I		Example II	
The principal cause of importance were a	of death and related causes s follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAY 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nepi	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	EUREAU V. S.	July 5,1927	Peritonitis	3 days ago
*				
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF	MARYL	AND-CER	TIFICATE	OF	DEATI
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1. PLACE OF DEATH	CERTIFICATE OF BEATH
County Baltinore	Registration Dist. No. 3
Village or City La good 9 gas as a	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Benjamin P. alrich (a) Residence: No. 5539 Windson Mill Rd	
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (ex) WIFE of Julia 3 Abrich.  6. DATE OF BIRTH (month, day, and year) Nov. 6, 1859	22. I HEXEBY CERTIFY. That I attended deceased from 1936, to apr 25 1936.  I last saw how alive on 25 1936; dash is said
TC 5 19 lday,hrs. ormin.	to have occurred on the data stated above, at 10.35 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of a feet
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceasad last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)	Other Coatributory Causes of importanca:
f3. NAME  f4. BIRTHPLACE (city or town)  (Stata or country)	Name of operation Date of What test confirmed diagnosis? Plumad Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL	23. If death was due to axternal causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
19. UNDERTAKER (Addrass)  20. FILED LIFE  Registrar.	Natura of injury  24. Was diseasa or injury in any way ralated to occupation of deceasad?  If so, spacify  (Signad)  (Addrass)  3.447 W. Natilia Pala

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In tating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes eath, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	M I
Date of onset	The principal cause of death and receted cause of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	A week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance:	BELLE
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related tause of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in or town where death occurred How long In U. S. 11 of loreign birth? vrs. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH SINGLE, MARRIED, WIDOWED. DIVORCED (write the word) BINDING 5a. II merried, widowed, or divorced HUSBAND ol . Thet I attended\_deceased from (or) WHFE ol 6. DATE OF BIRTH (month, day, end veer) 7. AGE II LESS than Years Months Davs to have occurred on the date stated above, et a 1 day, ....hrs The PRINCIPAL CAUSE OF DEATH and related causes of Importance or .... min. Date of onset frade, profession, or particular kind ol work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ MARGIN RESERVED may 9. Industry or business in which pluods work was done, as SILK MILL SAW MILL, BANK, etc.\_\_\_\_ 10. Date deceased last worked at 11. Total time (w ears) this occupation (month and spent in this that occupation ... instructions 12. BIRTHPLACE (city or town) (State or country) FATHER 14. BIRTHPLACE (city or town) Name of operation plain (State or country) carefully What test confirmed diagnosis? MOTHER important. 15. MAIDEN NAME 23. Il deeth was due to external causes (VIOL ENCE) fill in also the following: DEATH Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_ 19. 16. BIRTHPLACE (city or town). (State or country) Where did injury occur?\_\_ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury. LION 24. Was disease or injury In eny way related to occupation ol deceased? If so, specily 2 (Signed) 20. FILED (Address) If more blanks are needed, address State Registrar, 241 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

item of infor-

1. PLACE OF DEATH	The second secon
/ County Baltimore :	Registration Dist. No. 32
/ Village or city Brighton	No. 6603 Fairmount ave St., Ward
/ (II	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles G. Barnes	
(a) Residence: No. 6603 Fairmount Ave. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male  4. COLOR OR RACE White  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married	21. DATE OF DEATH  April 23 , 193 6  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary M. Barnes	22. CHEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end yeer) Dec . 17, 1877.	I last saw hour alive on Chick Ly, 1976; death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 2 - A m.
58 4 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade, profession, or particular	La vor Jackenciaced 1/1/
kind of work done, as SPINNER, Clerk (Retired) SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	1/1476
work was done, as SILK MILL, Post-Office Dept.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation chorum and spent in this	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Baltimore, Md.  (State or country)	Controller
≝ 13. NAME James Barnes,	ference
T Politimono Md	110125
I4. BIRTHPLACE (city or town) Baltimore, Md.  (State or country)	Name of operation Date of What test confirmed diagnosis?
تا IS. MAIDEN NAME Julia Dopman,	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Julia Dopman,  16. BIRTHPLACE (city or town) Baltimore, Md.	Accident, sulcide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Mary M. Barnes (Address) 6603 Fairmount Ave.	(Specify city or town, county and State) Specify whether injury occurred to INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Oak Lawn Cem. Date April 26,19 36	Nature of injury
19. UNDERTAKER George W. Zirkler (Address) 1737 E. Eager St.	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED Apa 23 , 1936 & E Wellal Registrar.	(Signed) C. C. Poco E. C. M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish earefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a elerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		Date of onset	The principal cause of death and related causes of importance were as follows:		
		1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	RECEIVED	July 5,1927	Peritonitis	3 days ago	
	MAY 2 1936				
Other contributory	BUREAU V. S.		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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	STATE OF MARYLAND—	CERTIFICATE OF DEATH 3757
	1. PLACE OF DEATH	(26)
	County Balting	Registration Dist. No. 20
-/	Village or City Cathyrus My	J. No. St., Ward
/	Length of residence in city or town where death occurred 4 yrs 10 mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
/	2. FULL NAME JUNGE BASETT	If U. S. Veteran, specify WAR
	(a) Residence: No.	St., Ward.
	(Usua page of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS  3:\SEX  \( \) 4. COLOR OR RAGE  \( \) 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
	OR DIVORGED (which the word)	Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	22. I, HEREBY CERTIFY That I attended deceased from
	(or) WIFE of	19.36 to 19.36
e.	6. DATE OF BIRTH (month, day, and year) AM 14 (88)	Mast saw han alive on A M. A.S., 1936; death is said
îcai	7. AGE Years Months Days / If LESS than	to have occurred on the date stated above, at
certificate	55 0 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of co	8. Trade, profession, or particular kind ot work done, as SPINNER,	Do: + 1
	SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL,	7-21-3
back	SAW MILL, BANK, etc	1 agranda Jan W Ushang 1 ag-
no	10. Data daceasad last worked at this occupation (month and year) year)	
ions		Other Contributory Causes of importance:
net	12. BIRTHPLACE (city or town) (Steta or country)	CA A A A A A A A A A A A A A A A A A A
instructions	THE IS. NAME	
See ii	14. BIRTHPLACE (city or town)	Name of operation. Challeng Attacking Date of Carlo
N	(otate of country)	What test confirmed diagnosis? Charles Was there an autopsy?
ınt.	15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to axternal causes (VIOLENCE) fill in also the following:
important.		Accident, suicide, or homicide? Data of Injury19
mp	(State or country)	Where did injury occur?(Specify city or town, county and State)
very	17. INFORMANT Associated (Identities)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place formy down At p. Date by	Nature ot injury
TION	19. UNDERTAKER Juny June Anh. (Address)	24. Was disease or injury in any way related to occupation of deceased?
)	20. FILED 4/30 ,19 All Sulfran. Registrar.	(Signed) AMAS TONE STATES,
	The state of the s	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAY 2 1938	July 5,1927	Peritonitis	3 days ago
	BUREAU V			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEAT	H _/	-	LAND	OLIVIII	— (131)	OI DEF	3,	58
County (5	allans	ue	Burga Burgaria			Registration	Dist. No. 30	
Village or City	atous	ville	? 2	No. (	fil-1	tome.	St.,	Ward
Length of residence in city	or town where death	occurred.		s. 15. ds. Ho			yrsr	
2. FULL NAME	richas	date	rank	Deel	er	000	0	
(a) Residence: No	woodlun	- Au- (Usual place of	abode)	st., (8	- Ward.	If nonresident	give city or town an	nd State
PERSONAL ANI	STATISTICA	L PARTIC	ULARS		MEDICAL C	ERTIFICATE	OF DEATH	
male Wale	OR RACE 5.	SINGLE, MARRI	ED, WIOOWED, (write the word)	21. DATE (	OF DEATH	april	2( (0av)	, 193
5a. If married, widowed, or divor	19/1		1			(1)		(Year)
(or) WIFE of all	lieM.	Deel	er	22.	HEREBY	Y CERTIF	Y, That I attended	-1
6. DATE OF BIRTH (month, day,	and year)	69-10	962	I last saw h	alive on	ah i o	26 1936	6. : death is said
7. AGE Years	Months	Oays	If LESS than	to have occurred	d on the date stale	ed above, at 63	A.m.	P. , 000th 13 3010
73	6	12	1 day,hrs. ormin.	The PRINCIPAL were as follows	CAUSE OF DEA	TH and related caus	es of Importance	1-2
8. Trade, profession, or par kind of work done, a	s SPINNER.	Tenen			r <b>4</b>			Oate of enset
SAWYER, BOOKKEEP	ER, etc	WINE.		Card	usa (be	esquelar	Renal	lul
kind of work done, a SAWYER, BOOKKEEP SINGUSTRY OF BUSINESS IN WORK WAS done, as SI SAW MILL, BANK, et 10. Oate deceased last work this occupation (month of the company).	LK MILL.	one	,	- Cline	-e(	Monie	)	- 15 mos
10. Oate deceased last work this occupation (monty year)	ed at th and	11. Total tim spent occupa	in this					in How
	Balt	recorde >		Other Contribut	ory Causes of imp	ortance:		
12. BIRTHPLACE (city or town) (State or country)	mary	and		-				
13. NAME Vaccio	F. Beel	er						
13. NAME Vacco	In) Bali	ingre	>_	Name of operati	on		Oate of	
(State of country)	mary	lane	2	What test confin	med diagnosis?	clu - Pl	Was there an	autopsy?
15. MAIOEN NAME	nauda	Bee	ler	23. If death was o	ive to external car	uses (VIOLENCE) fil	n also the followin	g:
16. BIRTHPLACE (city or tow	n) ( ) oli	eno	es	Accident, suicide	e, or homicide?		Oate of injury	, 19
(State or country)	mar	yland	2	Where did injury		(Specify city or	town, county and Sta	ite)
17. INFORMANT 10.20. (Address) 4305 St	L. Paul St.	Ballo	· Trid .	Specify whether	injury occurred in	n INOUSTRY, in HO	ME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR RE	MOVAL	alia	95 26	Manner of injury	у			
Place Doub.	0,	ite.	19036	Nature of injury				
19. UNOERTAKER LEUROSE	1- 1 huye	un Co		24. Was disease	or Injury In any w	ay related to occup	ation of deceased?	no
(Address) / OF W	Morth o	Rue.	, 1	If so, specify		0.000	7	
20. FILEO of LL 21 , 19	36 hours	tall !	west	(Signed)	mais	KAKL ()	20	)M. O.
u u			Registrar.	II (Add	dress) Cal	COMMEN	ALL YOU	

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of important		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5 1927 Cerebral hemorrhage Peritonitis 3 days ago RUPPAH V Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gustroenteritis 1 year

0	ADDITIONAL SPACE	FOR FURTHER STATEMENTS BY PHYSICIAN	
Lee	form filed un	de Bugg 5-26-36.	

FOR BINDING

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 3700
1. PLACE OF DEATH	(137)
County Baltymy	Registration Dist. No.
Village or City Cathyllia	No. Shing Stone St., Ward
	death occurred in a hapital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Calvin Billim	If U. S. Veteran, specify WAR.
(a) Residence: No. 119 S. Cares	St., Ward.
(Usual place of spode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OK DIVORCED (write the word)	21. DATE OF DEATH 24 , 193 o
5a. If married, widowed, or divorced HUSBAND of	2. I HEREBY CERTIFY, That Lettended deceased from
(or) WIFE of	March 30, 1936 to Mm 34, 1936
6. DATE OF BIRTH (month, day, and year)	I last saw h elive on A AM & 19 36; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated ebove, et. 4.45 pm.
54 9 12 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Date of onset
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. findustry or business in which	min 3-20-2
work was done, as SILK MILL,	
10. Date deceased last worked at this occupation (month and yeer)  11. Total time (years) spent in this occupation	
1	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	Change Custities
# 13. NAME John Billings	Brand Prhetatie Hall
13. NAME John Sully 14. BIRTHPLACE (city or town) Tunkenown	Name of operation Date of
(State of country)	What test confirmed diegnoss? WWW Was there an autopsy? N
15. MAIDEN NAME	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Pro V. B. MANGELLE (Address)	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place and extremely Date \$ 127 , 1936	Nature of injury
19. UNDERTAKER Frederick a Colo	24. Was diseased injury in any wey related to occupation of deceased?
(Address) / 100 W. Jombard W	If so, specify
20. FILED 4 - 20 , 1934 Sto asserted Registrar.	(Signed)
If more blanks are needed, address State Registrar,	3,00

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1927	Peritonitis	3 days ago
		a capacity	
Other contributory causes of importance:	ि देवन	other contributory causes of importance:	
Gallstones	May 1,1923	Chstroenteritis	1 year
		1	
	4		

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	0	_	
4	YK.		

PHYSICIANS should state

of OCCUPA-

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

certificate.

See instructions on back of

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	- 3761
County Baltimore	Registration Dist. No. 35
Village or City Walker.	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Philip Bolda.	9. VIVIO
(a) Residence: No.	X
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Mare	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
58. If married, widowed, or divorced HUSBAND of	22. 1 HEREBY CERTIEV That I attended deceased from
(or) WIFE of Victoria Boolda	22. 1 HEREBY CERTIFY. That I ettended deceased from NUC. 28-,1936, to NW. 20-,1926.
6. DATE OF BIRTH (month, day, end year) Unknown , 1886	I last saw h alive on alive on 15 19.36; death is said
7. AGE Yeers Months Days If LESS than	to have occurred on the date stated above, at. 3m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Caupentus, SAWYER, BOOKKEEPER, etc	
kind of work done, as SPINNER, Carpenter, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work work was done, as SILK MILL, On Frances.  SAW MILL, BANK, etc.	Cerebral Nemorrhage
10. Date deceased last worked at this occupation (month and 10245	
yeer) spant in this gocupation (month and 19337 spant in this gocupetion 1	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) Valand	A A
(State or country)	Carlerio Sclervais
13. NAME MAKOUN  14. BIRTHPLACE (city or town) Poland	
(State or country)	Name of operation
15. MAIDEN NAME UNKNOW	Whet test confirmed diagnosis?
16. BIRTHPLACE (city or town) Poland:	23. If death was due to externel causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT Juscoline Wathers  (Address) 625 faith Dallay Str Balla no	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR BEMDVAL Place Area Toronamy Con Date Corif 24, 1934	Manner of injury
19. UNDERTAKER Vendell August	24. Was disease or injury In any way related to occupation of decessed?
Commission of the commission o	19 11 - 6
20. FILED Con A/F, 1935 Colored J. Seelles A. Registrar.	(Address) New Fraddow Par,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
1921	Run over by street car	1 week ago
July5,1927	Peritonitis	3 days ago
M 4 4000	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  July 1,1927  Peritonitis  Other contributory causes of importance:

	ADD	TIONA	L SPACE FO	RF	URTHER S	TATE	MENTS BY PHYS	ICIAN	
CHANGE	OF AG	E OF	DECEASE	):	Letter	and	affid avits	filed	5-11-36
	under	Dr.	Yagle	L.					

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3769
1. PLACE OF DEATH	20
County Baltimore	Registration Dist. Np. 30
Village or City Catonsville ma.	No. Spring Grove State Has Ditel St. War
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	s. How long in U.S. If of foreign birth?yrsmosd
2. FULL NAME / Tylliam & Baane	If U. S. Veteran, specify WAR
(a) Residence: No. Anger Hell Mill	St., Ward.
(Usua [pláce of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF BEATH
On sel OR DIVORCED (write the word)	april -27 - 1936
5a. If merried, widowed, or divorced	(Month) (Day) (Yeer)
HUSBANO of Celan Brinner	22. I HEREBY CERTIFY, That I ettended deceased from
0, , , , , , , , , , , ,	agric 22 1976 depril 27, 1936
6. DATE OF BIRTH (month, day, and year) Turce 4 8 98 7. AGE Years Month Days If LESS than	I flast saw huss allve on Life the Down, 1926; deeth is sai to heve occurred on the date stated above, a 2.45 form.
37 10 18 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or perticuler	were as follows: Date of onse
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Barrelina
9. Industry or business in which	13 roncho- press morea Cypr 2
work was done, as SILK MILL, Congineer	
10. Oate deceased last worked at this occupation (month end spent in this	
year) occupetion	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) / 2 allineare, Mc.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Intmoney Juber autoris you
14. BIRTY PLACE (city or town) Baltimare.	
14. BIRTY/LACE (city or town) Baltimase. (State or country)	Neme of operation
	What test confirmed diegnos discitate foliable was there en eutopsy?
15. MAIOEN NAME Pary & Marty  16. BIRTHPLACE (city or town) Baltrian Jul.	23. If death wes due to external causes (VIOL ENCE) fill In also the following:
O 16. BIRTHPLACE (city or town)   Qalluman The	Accident, suicide, or homicide?
	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Ms Gaveriene Tracy Sister	Specify whether injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 1313 & Frederick St.)  18. BURIAL, CREMATION, OR REMOVAL 1	Manual distance
Place snar Helf md Date april 30 1936	Manner of injury
2007/	Nature of Injury
19. UNDERTAKER 4 Cellsony (Address)	24. Was disease or injury in any way related to occupation of deceased?
4/ 3///	(Signed Mas D. Wellmer. M.
20, FILED 19 19 19 19 19 19 19 19 19 19 19 19 19	Wishest Control of the Market
Registrar.	(Address) Anna Front Harb. Cotons will Kill

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	Example I	-	Example II		
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	MAY 2 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago	
4.	St. St.				
Other contributory ca	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	32:0
County Dalymore	Registration Dist. No. 4
Village or City Working	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city of Tawn where death occurred	ds. How long in U.S. If of foreign birth?yrsmos ds
Langth of residence In city or flown where death occurred	Port.
(a) Residence: No. (Usual place of a bod)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OF RACE ON MYORCED (write the fold)  Thursday  The second of	21. DATE OF DEATH (Month) 22 . 193 6 (Year)
5a. If married widowad or divorced HUSBAND of (or) WIFE of HUSBAND of (or) WIF	22 ALL SHEREBY CERTIFY That I attended deceased from
HE H A S 6. DATE OF BIRTH (month, day, and year) Sully 7, 1876 7. AGE Years Months Pays If LESS than	hast saw here alive on Arch 21, 1936; death is sale to have occurred on the date states above, at 3:05pm.
B G DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Tays  If LESS than 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATII and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNE dones SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SII K MIII	Cerebral Japonorthage still
Kind of work done, as SPINNE ALL SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this occupation (month and spent in this securation (month and spent in this security of the securation (month and spent in this security of the security	1936
Sporting the sporting that the	Other Coutributory Causes of importance:
Z TO DIPLY TO DEPART OF CONTRACT OF THE PART OF THE PA	One Countries of Importance.
ARG ARGUNE Televish Files	
D D D D E 14 DIRTURI ACE (aity or town)	Name of operation
E E E	What test confirmed diagnosis?
	Accident, suicide, or homicide?
16. BIRTHPLACE (city er town)  (State or country)	Where did Injury occur?
TO BE STATE OF THE	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
10, butthe, Optimity on, on the mother	Manner of Injury
	Nature of Injury
WRITH IS UNDERTIFIED TO THE PROPERTY OF THE PR	24. Was disease er Injury in any way related to occupation of deceased?
in The Fix 23/21 19 Walter m. Hammett	(Signed) Difford J. Joudson M.
Registrat.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage WAT 4 1936	July 5, 1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SI	PACE F	R FURTHER	STATEMENTS	BY	PHYSICIAN
---------------	--------	-----------	------------	----	-----------

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back, of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH .	0:04
County Callinore	Registration Dist. No. 31
Village or City Hoodlawn	No. St Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrsds.
2. FULL NAMERCELINE Gilbert Bora	If U. S. Veteran, specify WAR
(a) Residence: No. 9700 clary Hogwood (Usual place of abode)	d Rd) Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 350, 19 193 6
5a. If merried, wildowed, or divorced	(Month) (Dey) (Yeer)
HUSBAND OF CONTROL HIP TO A	22   1 HEREBY CERTIFY, Thet I attended deceased from
700000000000000000000000000000000000000	1936, to 1936
7. AGE Years Months Devs If LESS then	last sew half alive on (1991), 1956; death is said
7. AGE Years Months Deys If LESS then 1 day,hrs.	to heve occurred on the dete steted above, am.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
	were es follows:
8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	
9. Industry or business in which	an sur regresses
work was done es SILK MILL	Pan Cui access for Constitution
DD. Date decessed last worked et   11. Total time (years)   this occupetion (month and   spent in this	Brimary Careinoma of Broast, Cwiso
year) occupetion	Dther Contributory Causes of Importence:
12. BIRTHPLACE (city or town) Madelphia	
(State or country)	Errenna as 16
13. NAME TO THE Selecting	
13. NAME TO THE SELECTION OF TOWN). I Selected the second of the second	Name of operation Removal of breast, two yes bet of is to death
(State of country)	What test confirmed diegnosis? Was there an eutopsy?
15. MAIDEN NAME Mary Herr	23. If deeth wes due to external causes (VIOLENCE) fill In elso the following:
[ 16. BIRTHPLACE (city or town) ] Algegon	Accident, suicide, or homicide? Dete of Injury, 19
(State or country) Collaboration	Where did Injury occur?
17. INFORMANT Ms. Mary O. Trovd (Address) Woodlaws may a	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Come lary This	Manner of injury
Place Place Place 4 /2/ 199	Neture of Injury
19. UNDERTAKER In J. Lakener 70	24. Wes disease or injury In eny way related to occupetion of deceesed?
(Address) James & North and	If so, specify:
20. FILED Ofil 20, 19 36 Wm & martin	(Signed M. D. (Address) Candallstown M. D.
If more blanks are model all a Comparison	W. Cl. L. C. D. L. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	etical a men	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N.B.

M		PHYSI-
	RECORD	d. ACE should be stated EXACTLY, PHYSI- to that it may be properly classified. Exact
DING	S IS A PERMANEN RECORD	uld be stat
FOR BINDING	A PER	CE sho
FO	S IS	d. d.

PLACE OF DEATH  County Baltimore  Village or City Dundalk (N	o. Hola	bird Ave.	STATE OF M CERTIFICATE Registration I	OF DEATH
<sup>2</sup> FULL NAME Vincent	Brywczynski	72 WH 2 GG C CHIC) 9 FO C TOTSH A BUSTO & 6 O SH O TOTS COLOR A		stead of street and number.)
PERSONAL AND STATISTICAL P	ARTICULARS	MED	CAL CERTIFICATE C	F DEATH
Male White WIDO OR DI	TED Married WED. VORCED the word)	16 DATE OF DEAT	april	3 , 19 <b>3</b> 6
6 DATE OF BIRTH  May 2,	. 1873	1 / 1 1 1	BY CERTIFY, That I atte	nded the deceased from
(Month)	(Day) (Year)	that I last saw h	malive on appen	L 13, 1936,
B OCCUPATION (a) Trade, profession or particular kind of work Grocer for	If LESS than I day hrs. or min.?	The CAUSE OF DE	urred on the date stated ATH * was as follows: Myacasatts dial algene	and
(b) General nature of industry pusiness, or establishment in which employed or (employer)  BERTHPLACE (State or country)  Poland		Contributory Secondary	Dialetts	yrs,ds,
10 NAME OF FATHER Andrew Brywczyn	ski	(Signed)	(Duration)	M. D.
OF FATHER  (State or country)  12 Maiden Name		*State the	(Address)	or, in deaths from
of Mother Unknown		18 LENGTH OF R	CSIDENCE (For Hospita	als, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) Poland		At place of deathyrs	.mosds. In the	yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY		if not at place of de		
(Informant) Mary Brywczy	PT0-08 10-000 00000000. 001	usual res.dence		
(Address) Box 133, Holab	ird Ave.	Holy Ros	ary Cru a	pul 16, 19.36
15 Filed 4/13/3692 (Mile	Registras	John M	Sulber 40	1. Chester 4
If more banks are needed, a	ddre.s Ltate Registrar	16 W. Saratoga St.	Balto., Requesting V. S.	1.0. 1. Ralla 1

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specincation as Luy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when necded. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective cf cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman, specifically the occupations of persons en-Compositor, Architect, (b) Automobile factory. The material Locomotive engineer, 6 Grocery;

business, that randered byrs). For persons whatever, write None.

Statement of Cause of Death—Name, first, the Death of Cause of Death—Name, first, the Death of time and causation), using always the same accept of the only definite synonym is "Epidemiz cerebrothered (the only definite avoid use of "Croup");

""" "Typhoid Pneumonia");

""" "Pneumonia";

telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease "Inanition," "Marasmus, "E:haustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomst\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, (Recommendations on statement of cause of death (secondary or intercurrent) affection Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid death), 29 ds.; Bronchopneumonia (secondary), cough; "Heart failure," "IIaemorrhage, Chronic Example: Measles (disease " " Old Age, valvular heart disease; etc. The contributory Nomenclature need " Shock," not be etc., of

If this certificate is looked over thoroughly and a'l questions as a fine in defail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is commontly filed.

V. S. No. 1 B certificate.

TION is very important. See instructions on back of

		infor-
(		of
6	4.5	item

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH		-	922
County Baltimore			Registration Dist, No. 31
Village or City Randalls	stown	Aldren.	NoSt., Ward
Langth of rasidence in city or town where	dooth ecoursed	(1	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foralgn blrth?yrsmosds,
			syrsmosds.
	J. Burn		If U. S. Veteran, specify WAR
	Usual place	of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female White	5. SINGLE, MAR OR DIVORCE Marr	RIED, WIDOWED, D (write the word) ied	21. DATE OF DEATH  April 19 (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of			
(or) WIFE of John A. H	Burnham		22.   HEREBY CERTIFY, That I attended deceased from
7	Pahmuame	2 1961	I last saw her aliva on Ghard 19 ,1936; death is said
7. AGE Years Months	ebruary	If LESS than	
	Days	1 day,hrs.	to have occurred on the date stated above, at4.45P.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance
75   2	17	ormin.	ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, NONE			Coronary Embolism
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date dacased last workad at this pecupation (month and			
work was dona, as SILK MILL, SAW MILL, BANK, etc.			
10. Date dacaased last worked at this occupation (month and year)	spe	ima (yaars) ntin this upation	
			Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Ball (State or country)	timore Co		arterio Scherosio
	Marylan	<u> </u>	Chr. Yokular Haut Disease
	-		Droken Compinsation
the state of the s	timore D		Name of operation Data of
c (State of Country)	Marylan	a	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah J			23. If death was due to external causas (VIOLENCE) fill In also the following:
	timore C	ounty	Accidant, sulcide, or homicide? Date of injury, 19
(State of Country)	Maryland		Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Mr John A. Bu (Addrass) Randallstown,			Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olive Cem.	Dave Apri	1 22 ,19 36	Manner of injury
19. UNDERTAKER DIAMO	1(00)	1	24. Was diseasa or injury in any way related to occupation of deceased?
	timore S	t.	If so, spacify
20, FILED april 20, 1936 W.	m 8 m	artin	(Signad) / Em 2, //arty M.D.
20. 1122	A	Registrar.	(Addrass) Harrisonville, Md. Randallstony

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arterioscierosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ENG	NENT	CIL	ified.
BIND	ERMA	EXA	y class
FOR	IS A F	stated	properl
Q	HIS	pe	be
SERVE	NK-TI	plnods	it may
RES	NG I	AGE	that
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT	mation should be carefully supplied. AGE should be stated EXACTL	CAUSE OF DEATH in plain terms, so that it may be properly classified.
	WITH	refully s	in plain
	LY,	ca	TH
	K	l be	EA
	F PL	should	OF I
	RITI	ion	USE
0.1	M	mat	CAI

N. B.-WRITE

V. S. No. 1

TION is very important.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3767
County Dallimore	Registration Dist. No. 40
Village or City & Cen Orm	No. Thenterm St. Ward
Length of residence in city or lewin where death occurredyrsOmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?  O_yrs. 3_mos. 2_0_ds.
2. FULL NAME Larg Busey Canux	abell
(a) Residence: No. Slew Obraw /	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 26 5, 193 (Month) (Day) (Year)
5a. If marriad, widowed or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from opril 20th 19 36 to april 26 to 10 36
6. DATE OF BIRTH (month/day, and year)	1 lest saw h. l. alive on 21. 25 , 19 36; daath is sald
7. AGE Years Months Days tf LESS than I day,hrs.	to have occurred on the date stated above, at 1.45 f.m.
00 0 crmin.	The PRINCIPAL CAUSE OF DEATH and retated causes of Importance ware as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc.	A Comment
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc 9. Industry or businass in which	Roncho Plumones afrion
CAN WALL DANK AS SEE WILE,	1932
10. Date decaesad last worked at this occupation month and year)	
Brotz	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Klouldy Monie
- I THEY WATER	Charles Kinghysen
E Committee Committee	( comme)
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of
	What test confirmad diagnosis? Was thara an autopsy?
E STATE OF THE STA	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLAGE (city or town) (Stafe on country)	Accidant, suicide, or homicide?
17. INFORMANT 100 of Celmondo fr. Simin Cash	(Specify city or town, county and State) Specify whather Injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	
Place Grentette Ball Malate april 19	Manner of injury
19. UNDERTAKER Shellow Millimm Co.  (Address) 108 w 2 mb Oxe	24. Was disaase or Injury In any way retated to occupation of deceased? 200
20. FILEO/2/B6 Hallismytammet	(Signed) Dance Jet Thro tempor M.D.
7 / 11 / 11 / 11	MALL N. Charles Street, Baltimore, Requesting 7) S. No.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	ery item of infor- tNS should state ent of OCCUPA-	1. PLACE OF DEATH  County Selfmer  Village or City Edgemer	Registration Dist. No.  Registration Dist. No.  St., Warner Company of the Compan
	AD. Ev IYSICH statem	(a) Residence: No. Edginia (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PHY act si	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-1-	NT RECLY. PH.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
BINDING	A C T assified	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY, That I ettended deceased fro
K	CLZ X	6. DATE OF BERTH (month, day, and year aw 16 th 1936	Hast saw have alive on Open 19-6, 19-36; deeth is se
OR B	IS A PE stated E properly certificate	7. AGE Yeers Months Days If LESS than 1 day,hr ormin.	to have occurred on the date stated above, at 2-A-m.
ED F	HIS be be	8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.	Claute Oroncho nemonia 423/3
RV	ould may back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
RESER	INK E sh it it	10. Date deceased last worked at this occupation (month and year) occupation	
	NFADING pplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town) edgence Mc	Other Contributory Causes of importance:
RG	IFA liec ms nstr	13. NAME 1 Lyander Carington	
MARGIN	R UN suppling ten	14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of Dete
1	E S S	15. MAIDEN NAMELLANY Lee Johnson	What tast confirmed diagnosis! Was there an autopsy?
0	INCY, WI be careful EATH in I	16. BIRTHPLACE (city or town) (Stetq or country)	23. If death was dua to externel causes (VIOLENCE) fill in elso the following:  Accident, suicida, or homicide?
		17. INFORMANT Mary L. Carrington	Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
	Should OF D	(Address) & dgemen  18. BURIAL, CREMATION, OR REMOVAL	Manage of information
1	E S E	Place asting Cen Date apr 78 1937	Menner of injury
	WRIT mation CAUSE TION i	19. UNDERTAKEOU. Chase town	24. Wes diseasa or injury in any way related to occupation of deceased?
V. S. No	N. B.	20. FILED fr 2) 1, 1936 G All Commission Registrar.	(Signed) (Signed) (Address) Aparous on M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting 6. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Exam	ple I ^	1	Example II	
The principal cause of death of importance were as follows  Arteriosclerosis	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	476	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		12 1	Run over by street car	1 week ago
Cerebral hemorrhage	2601 0E AG	July 5,1927	Peritonitis	3 days ago
L	ARRON			
Other contributory causes of i	mportance:	7	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

Y = = +	STATE OF MARYLAND—	CERTIFICATE OF DEATH 3700
n of infor- ould state	/1. PLACE OF DEATH	
CE &	County Ballimore	Registration Dist. No. 33
9 8 8 /	Village or City Osimos mills, and	No. Rosewood State Training School Ward death occurred in a horpital or institution, give its NAME instead of street and number)
# 0 /	Length of residence in city or town where death occurred 32 vis 10 mas	death occurred in a horpital or institution, give its NAME instead of street and number)
Every STANS ement	Dan in D.	ds. How long in U.S. If of foreign birth?yrsmosds.
CORD. Every PHYSICIANS act statement	2. FULL NAME Vail ranklin Ca	noce 0001
HYSD Thresh	(a) Residence: No. 2-1-5 2 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
E P C	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
T RE Y. Exa	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Opril 13 193 6
T.L. red.	5a. If marriad, widowed, or divorced	(Month) (Day) (Year)
BINDING ERMANEN EXACT) y classified te.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Cla X	1 x IVab	april 12, 1936, to april 13, 1936
B. B. E. ate.	7. AGE Years Months Days If LESS than	last sawh aliva on 43, 1936; daath is sald
FOR B. IS A PE stated E properly certificate	44.3 10 5 1 day,hrs.	to have occurred on the date stated bove, at
FC IS sta pro	8 Trade profession or particular	ware as follows: Date of onset
DE Pe	kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.	Consental Hydrocephalis
RVED CTHIS ould be may be back of	kind of work dona, as SPINNER, SAWYER, BDOKKEEPER, etc.  J. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.	E1010111
SERV] NK—T should it may n back		with upilesyl way
四日 中日 中	11. Total time (years) this occupation (month and year) year)  Output  This occupation (month and year)	00
7 4 - 9	O A X O D	Other Contributory Canses of importanca: Idemorrhage
IN DIP so ucti	12. BIRTHPLACE (city or town) 1.3 and 1.5 (State or country)	right forcetal region of how y
MARGIN UNFADI supplied. n terms, see		- Chusell by assistantal fall, 4/12/
A D H t	Ε	Strikenty head
M. H. U. y. sul	4. BIRTHPLACE (city or town) (State or country)	What tast confirmed diagnosis: What tast confirmed diagnosis:
PLAINLY, WITH would be carefully st OF DEATH in plain very important. See	15. MAIDEN NAME Oluknow	23. If death was due to external causes (VIDLENCE) fill in also the following:
INLY, WI be careful EATH in important.	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Occident Date of Injury april 1219 5 6
INLY be c EATH	E (State or country)	Whare did injury occur? Rosewood State Lawy School
d b DE	17. INFORMANT Institutional Reards	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
E PLA should OF D	(Address) Salved Ourng mills Tunk	Public place
E 02 00	18. BURIAL, CREMATION, DR REMOVAL	Manner of injury Fell straking foreleas on bed.
WRIT tation AUSE	Place Castro Oan Date Cypus I T., 17	Nature of injury Concession, custo at humanlage.
WRITE mation s	19. UNDERTAKER Filgline & Sono	24. Was disease or injury in any way related to occupation of dacaasad?
No.	(Address) (Rustivatour Md	If so, specify
10 7 T	20. FILED apr. 14, 1936 14 Mslade	(Signad) M. D.
	If more blanks are needed address State Parisman	(Addrass) Davido Millo Males
	ny more vianks are needed, dadress State Registrar,	2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

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	Example I		Example II	
The principal cause of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 23 1930	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.	0.00		
Other contributory ca	uses of importance:	,	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE	OF MARYLAND—	CERTIFICATE OF DE
1. PLACE OF DEATH	4	(186:Q) V
County Connection  Village or City Payar.	·.	Registrati
Village or City January	ille	No.2804 Hil
Length of residence in city or town wi	1.0	death occurred in a hospital or institution, give its NAds9 How long in U.S. if of foreign birth?
2. FULL NAME Smise	2 R. Mc Cahan C	larkif U.S. Veteran specify WAR
(a) Residence: No. 2804	KOCSONT CON	2 · St. Ward.
	(Usual place of abode)	If conresid
	ISTICAL PARTICULARS	MEDICAL CERTIFICA
Temale White	5, SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	HOrk	22.   I HEREBY CERTI
- MANAGINE	Oct. 12 1853	19.36, to
6. DATE OF BIRTH (month, day, and year) ( 7. AGE Years Month	401	to have occurred on the date stated above, at
81 6	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related of were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc		Chronic inter
	· ca / Home	nefebritio-chr
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		0
10. Date deceased last worked at this occupation (month end	II. Total time (years) spant in this	
year)	occupation	Other Cantribatory Causes of Importance:
12. BIRTHPLACE (city or town)	nous	Fracture, wich
(State or country)	yeana	fermon
13. NAME SOLLEN  14. BIRTHPLACE (city or town)	kanana	
14. BIRTHPLACE (city or town)	vyland.	Name of operation
	Malton	23. If death wes due to external causes (VIOLENC
15. MAIOEN NAME Sarah  16. BIRTHPLACE (city or town)	nknown	Accident, suicide, or homicide? accident
State or country)	ryland	Where did injury occur? Carlow (Specify cit
17. INFORMANT	Cafan	Specify whether injury occurred in INDUSTRY, in
(Address) 2504 / Life  18. BURIAL, CREMATION, OR REMOVAL)	crest one. Vaskville	Life of 6 l. 0
Plan Tarkioood Cen	neternate year 20,36	Manner of injury August 1. 1. 1. Neture of injury Inactions Tech
10 HAGEST AFFICE STORES	salus Ins	24. Was disease or injury in any way related to or
19. UNOERTAKER	3 6	

St.,

AME instead of street and number) leot give city or town and State TE OF DEATH FY That I attended deceased from causes of importance Date of Was there an autopsy? 150 E) fill in also the following: y or town, county and State) i HOME, or in PUBLIC PLACE. cupation of deceased?\_ Janky (Address) ....

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitial nephritis E V E D	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAY 6 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	820 / 3771
County () Sallymal	Registration Dist. No. 38
Village or City Jouson R & D	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Sallie Cole	
(a) Residence: No. Junson RFD	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEK 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH (Tonth) 3 (Pay) (Yaar)
HUSBAND of (or) WIFE of	22. I HEREBY ERTIFY. Thet I attended deceased from arch 28, 1936, to april 3, 1931
6. DATE OF BIRTH (month, day, end yeer) Let 13 1848	I last saw h _ alive on _ March ( 28 , 1936; death is said
7. AGE Years Months Days If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Date decased last worked et this general in this county in this general in this county in this	arterio Schoon
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	avrtic Regrugalation 10%
10. Date decaased last worked et this occupation (month and year) - 1916   11. Total tima (years) spent in this occupation occupation	<i>V</i> . <i>Q</i>
12. BIRTHPLACE (city or town) Maylowe (State or country)	Other Contributory Causes of Importance:
I 13. NAME ISEO HA COLE	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata of country)	What test confirmed diegnosis? Wes there an eutopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death wes due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT My Millie Malson (Address) Journ R	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL BOOKS.  Place Black Dook Cerr Date affice 6 , 19.76	Manner of Injury
19. UNDERTAKER WAS COAL (Addiess) 127 M Hauf att	24. Was diseasa or injury in any way related to occupation of daceased?
20. FILED B , 86 M Carrall / and V. Registras.	(Signed) (3) K Berson M. (Address) Cucheysull (Mad
If more blanks are needed, address State Registrar.	2411 N. Charles Street Beltimore Requesting 9) S. No.

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Example I	Example II	
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Run over by street car	1 week ago
Cerebral hemorrhage	7 Peritonitis	3 days ago
40		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones My 1,192	3 Gastroenteritis	1 year

V. S. No. 1

	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	/
אַפֿ	ENT RECO	TLY PHY	ied. Exact	
OR BINDII	A PERMAN	ated EXAC	operly classif	tificate.
MARGIN RESERVED FOR BINDING	NK-THIS IS	should be sta	it may be pr	TION is very important. See instructions on back of certificate.
RGIN RES	NFADING II	plied. AGE	erms, so that	instructions o
MAM WA	Y, WITH U	carefully sup	'H in plain to	ortant. See
Y	TE PLAINL	should be	E OF DEAT	is very imp
7	-WRI	mation	CAUS	TION

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3772
County (3 allemore	Registration Dist. No.
Village or City Phrenix RFD	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Walter / Com	klin
(a) Residence: No. Phoenix RFT	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 7, 193.6, (Wonth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of May a Couklin	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) NW 1 1854	I last saw h malive on april 16 1936 : death is sai
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
81 5 16 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
9 Trade profession or particular	were as follows:
kind of work done, as SPINNER, Contacta	
9. Industry or business in which work wes done, as SILK MILL, Saw MILL, BANK, etc	Harmschage / Stan
11. Total time (years) this occupation (month end yeer)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributary Causes of importence:
13. NAME Servey Tourish	Name of operation Dete of
(State of country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Flamett Buttle	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT GARAGES PROGRAM RED MA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Company Company (19, 19 36)	Manner of Injury
19. UNDERTAKER Elmes W. Confelio (Address) & 24 E. Eagles St	24. Was disease or injury In any wey related to occupation of deceased?
20. FILED 4/18 , 1936 Francis Con Registrar.	(Signed) B R Benson M. M. M. (Address) Creterwille Md
If more blanks are meeted address State Parisman	N. Cl. J. C. P. Li. P. A. C. V.

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Example I	. 1	Example II	
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Arteriosclerosis :	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
150 - 31 - 31 - 31 - 31 - 31 - 31 - 31 - 3	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY P	PHYSICIAN
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PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emwhatever, write None. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation 6) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

addident; Revolver wound of head-homicide; Poisoned by telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Ilaemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid approved stated unless important. American Medical Association.) carbolic acid-probably suicide. The nature of the injury, arps probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY (secondary or intercurrent) affection need not be Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiby Committee on Nomenclature of the cough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

stated EXACTLY, PHYSICIANS should state Exact statement of OCCUPA. D. Every item of infor-WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. flon is very important. -WRITE PLAINLY,

V. S. No. 1 N. B.—V

STATE OF	MARYL	AND—CERTIFICATE	OF	DEATI
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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920
County Jallimore	Registration Dist. No.
Village or City	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	death occurred in a hospital of institution, give its invalid instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cecelia V. Crand	all If U.S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Clite  U. domed	21. DATE OF DEATH April 3 mg (Yaar)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of James to Crandall	DIE 25 2 1936 to april 3 2 1936
E DATE OF BIRTH (month day and year) OFT 9 . 1859	I last saw h Lt. aliva on Africal 1936 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days II LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	ware as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Clarence Endocorrelia
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL,	
10. Date deceased last worked at this occupation (month and year)	
e ++ t	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) Cue Le Maldum (State or country) Rear Geases	Chano Leterosio
	Demi regra vigi ses
13. NAME  14. BIRTHPLACE (city or town)  14. BIRTHPLACE (city or town)  15. The city of town constant city of town constant city or town city or town constant city or town city	Kenneny
14. BIRTHPLACE (city or fown)	Nama of operation Phipseal fentings
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME many C Case 1	23. If daath was due to axternal causas (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicida?
	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Mis Ours Operated (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Lovans herholes Data up / 1926	Natura of injury
19. UNDERTAKER Wom - C. Broke & Son	24. Was disease or injury in any way ralated to occupation of deceased?
(Addrass) - Span las mag	Il so, specify
20. FILEOApril 4., 1976 William f. Chileton. Registrar.	(Signed) Salut of SV. Mg. Jenster M. D.
Augura.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 4 1996			
Other contributory causes of importance: 5.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

12. BIRTHPLACE (city or town)

15. MAIDEN NAME

(Address) Woodbi

19. UNDERTAKER

20. FILED. April

13. NAME

FATHER

MOTHER

(State or country)

(Stata or country)

(State or country)

John M. White

Maria Davis

G. Crockett

Calvert St

14. BIRTHPLACE (city or town Baltimore, Md.

16. BIRTHPLACE (city or town Baltimore, Md.

nfor- state JPA-	STATE OF MA	ARYLAND—	CERTIFICATE	OF DEAT	H
sta UP.	1. PLACE OF DEATH		92-0	×	34/15/
og P	County Baltimore			Registration Dist	. No. 44
item of should of OCC	Village or CityColgate		No		St., Ward
NS nt on	Length of residence in city or town where death occurre		leath occurred in a hospital or institu		stead of street and number)yrsds.
OKD. Eve HYSICIA t stateme	2. FULL NAME Georgianna C (a) Residence: No. 10 Woodbitte (Usua		St.,Ward.	If nonresident give	city or town and State
P P H	PERSONAL AND STATISTICAL PA	ARTICULARS	MEDICAL C	ERTIFICATE O	F DEATH
TT RE	OR DIV	E, MARRIED, WIDOWED, VORCED (qurite the word)	21. DATE OF DEATH	(Month)	(Pay) (Year)
A C T L assified.	5a. If married, widowed, or divorced HU3BAND of (or) WIFE of Charles G. Croc	ckett	march 20		V/
CXX	6. DATE OF BIRTH (month, day, and year) Feb. 9,	1880	l lest saw h alive on	7	, 1992 ; deeth is seid
IS A PE stated E properly sertificate	7. AGE Yaars Months Day	If LESS than 1 day,hrs.	to have occurred on the data state. The PRINCIPAL CAUSE OF DEA were as follows:		
HIS be be	8. Trade, profession, or perticular kind of work dona, as SPINNER, Housewife SAWYER, BOOKKEEPER, etc. Housewife		antis V mitte	Lumppe	
nay nack	work was done, es SILK MILL, SAW MILL, BANK, etc		antie steno	ais !	f) years
INK sho it i	10. Date deceased lest worked et this occupation (month and	Totel time (yeers)		• • • • • • • • • • • • • • • • • • • •	

What test confirmed diagnosis?. 23. If deeth was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicida?. Where did injury occur?\_ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, Manner of injury If so, specify (Address)

Registrar. (Address) A 9 4 5 1. 1 L. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1171CF ROBOTOF OUTS	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NANY 4 1930	July 5,1927	Peritonitis '	3 days ago
II MIREAU V. S.		( )	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE C	F MARYLAND—	CERTIFICATE OF DEATH	3440
1. PLACE OF DEATH	,	95E)	
County 13 action	norg	Registration Dist. No.	30
Village or City Wood	rook near	Charles Stave	t V
Locath of soldings to the season by	30	death occurred in a hospital or institution, give its NAME instead of stree	t and number)
Length of residence in city or town where	deeth occurred you yrsmos	ds. How long In U.S. If of foreign birth?yrs	mos
2. FULL NAME CONSU	iew- V. Cu	lino, it a wat for	ALC.
(a) Residence: No. Head	on ave.	St., Ward.	A
PERSONAL AND STATIST	(Usual place of a lode)	MEDICAL CERTIFICATE OF DEAT	- Mary
3. SEX 4. COLOR-OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	1 H
male white	OR DIVORCED (write the word)	april 8	103
5a. If merried, widowed, or divorces	marraed	(Month) (Oay)	(Yea
(oc) wife of mary &	chelerutin	22. I HEREBY CERTIFY, Thet I ette	ended deceased
		, to, to	
6. DATE OF BIRTH (month, day, end year)	aril 27.1859	I lest saw h alive on	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, atm.	
76 11	8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:	1
8. Jrade, prolession, or particular kind of work done, as SPINNER	Q ' t.	found dead in be	Date of
SAWYER, BOOKKEEPER, etc.	D. C.	Died of	
9. Industry or business In which work was done, as SILK MILL SAW MILL, BANK, etc.	reside to	1) acute Heart	19
10. Date deceesed last worked at	11. Total time (years)	tradle.	
this occupation (month and yeer)	o la		
Base	Danies	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) 1 3 (State or country)	ma	old age	
13. NAME Joseph C	Lino		
14. BIRTHRUCE (city or town) 3a	Ord aire and		
14. BIRTHRUCE (city or town) (State or country)	ma		of
15. MAIOEN NAME Warger	ma Lacoure	What test confirmed diagnosis?	
	a Ottimes	23. If deeth was due to external ceuses (VIOL ENCE) fill in also the foll	
O 16. BIRTHPLACE (city or town) (State or country)	m	Accident, suicide, or homicide? Date of Injury  Where did injury occur?	
17. INFORMANT LANGE D.	C. time	(Specify city or town, county an Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLI	id State)
(Address Out	woodbrook	opening whether injury occurred in thousand, in home, or in robel	C PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0 01 .7 -1	Menner of injury	
Place Alla	X Dete 04. (3, 1936	Neture of injury	
19. UNDERTAKER LUM. C	role	24. Wes disease or injury in any way related to occupation of deceased	d2 <b>1</b>
(Address) St Can C	1 Jackson	If so, specify	P
20, FILED 4549 136 111.	Servell Kasklor	(storment. angell.	Coro
1 / Trolle	y Tublice Registrar.	(Address) Saltman Co	. md
1 / Trolle			n

CTATE OF MADVI AND

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

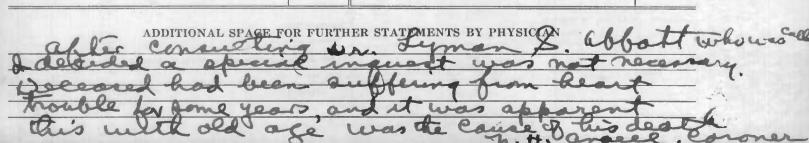
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 6 1936			
Other contributory causes of importanceS.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93.0
County & allemy	Registration Dist No. 30
Village or City Catharrilly	Non Strange J Vost Ward
	death occurred in a hospital or institution, give its NAME instead of sweet and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME YMANIA DENSITY	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write thelword)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
5 DATE OF RIPTH (month day and year) VA A A A A A A A A A A A A A A A A A A	1936, to 1936
O. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
/3 / Ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronis myraditis 1-24-36
9. tndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	7
10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Warry (State or country)	Other Contributory Causes of importance:
	Hyplindin 9-15-16
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town) Understand	Name of operation
	What test confirmed diagnosis? \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
± 0 0 0 1	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT MAN JEL Dedricks (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Western pare 4/8/36. 19	Nature of injury
19. UNDERTAKER A array A luitable (Address) 41 0 1 8 domondon / Que	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 4/8, 19 g. Alandreal Registrar.	(Signed)
	2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5, 1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:	

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92:00 11 3118-
County 2 2alleune	Registration Dist. No.
Village or City Calmentle rud.	Marine tross Nollet. Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,Onos.	ds. How long in U.S. if of foralgn birth?
2. FULL NAME Margaret	Klernia 6. S. Veteran, specify WAR.
(a) Residence: No. 1711/11 Calve	1-St., Ward. 0001
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Chry 14 193 6
to It married wildowed or diseased	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Arthur Deuneof.	22. PALEBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan 7. 1874	I last saw h & allve on AAN 13 1936: death is said
7. AGE Years Months Days If LESS then	to have occurred on the date steted above, at 454 4 m.
6 × 3 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade profession or particular	Data of onaet
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	De 1 hpl
9. Industry or business in which work was done, as SILK MILL, SAW MILL, SAW MILL, BANK, etc.	Eler Valneles I fearl 1435
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end separate year)  year)  occupation	her and the second
	Other Contributory Causes of Importance:
12. BfRTHPLACE (city or town) (State or country)	
E 13. NAME Pilrule Carey	3/
14. BIRTHPLACE (city or town).	Name of operation Date of
(State of Country) Country	What test confirmed diagnosis? Mystaf Wes there an autopsy? The
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill In elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lazahly Balder	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piaca Calteduals Date 4-16 ,1936	Nature of injury
19. UNDERTAKER J. Hahay John	24. Was disaase or injury in any way related to occupation of deceased?
(Address) 1318 Jught St	If so, specify
20. FILED. 7/14, 19, 19 Registrar.	(Signed) M. D. (Address) Calabanty M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset .
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 2 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1.

READR	d EXAC	Ξ
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECOR	Every item of information should be carefully supplied. AGE should be stated EXACshould state CAUSE OF DEATH in plain terms, so that it may be properly elassified. OCCUPATION is very important. See instructions on back of certificate.	
~	sh b	
S	T B	
INK-THIS	upplied. AC, so that it rions on bac	1
UNFADING	Every item of information should be carefully supplied. AGE should be sta should state CAUSE OF DEATH in plain terms, so that it may be properly OCCUPATION is very important. See instructions on back of certificate.	
WITH	ATH in	
PLAINLY,	mation sh E OF DE/	
WR	CAUSION IS V	
7	inould state	
	M AL	II

County Baltinoic	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Woodlawn (No. 23/7, Bis	List Druce St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEXI COLOR OR RACE   5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH  April 15 , 1936 (Month) (Day) (Year)
TAGE   The CAUSE OF DEATH * was as follows:  Congenital Aflectaric  Congenital Aflectaric  Callateral chil-fact; Clateral Chil-hands; some as	
business, or establishment in which employed (or employer)  BERTHPLACE (State or country)  Baltumore Md	contributory Broncho Preumonia
10 NAME OF George DE DEUT  11 BIRTHPLACE OFFATHER (State or country)  12 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME	(Bigned) State the Dibease Causing Drath, or, in deaths from Violent Causns, state (1) Means of Injury; and (2) whether Accidental,
of Mother Helen Feaster  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Slocal H. Deut	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At placs in the of death yrs. mes. ds. Stats, yrs. mes. ds. Where was disease contracted, if not at place of death?
(Address) Woodlawn mod	Jaforson Frederick Co Date of Burial Maryland Grif 16, 1926

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Cansus and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question taken to report specifically the computions of countering and defect in domestic service for which is been exampled. Housemaid, etc. If the occupation has been exampled or given up on account of the DISASE CAMBLE MARTH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (without the first Name). For persons who have no occupation whatever, tion is very important, so that the relative healthfulmobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the employed, as At school or At home. Care hould wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day Walner, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. write None. Statement of Occupation-Precise statement of occupa-Coal mine, etc. The material worked on may form part Architect, Women at home, who are engaged in Locomotive engineer, Never return "Laborer," (b) Auto-(inil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopncumonia ("Pneumonia," Lobar indefinite); Tuberculosis of lungs, menin-

ges, perilonacum, etc., Carcinoma, Sarcoma, etc., of ..... "Anacmia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (discuse causing death), 29 ds.; Bronrent) affection need not be stated unless cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Struck by railway train-accident; Revolver SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible state means or injury and qualify as accidental, "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage as "Puenpenal septichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning; on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee The contributory (secondary or intercurmound

If this certificate is booked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
County Dalto.	Registration Dist. No.
Village or City Carroll Sta.	No. Shukilee St. Ward
(If	death occurred in a hospital or institution give its NAME instead of street and number)
Length of residence in a ty or town where death occurred yrsmos.	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME / Marilla Chiefly	If U. S. Veteran, specify WAR
(a) Residence: No. 1222 Elyy Redge K	Ost., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 9 RIVORCED (write the word)	21. DATE OF DEATH CAPUL 29 1936 (Year)
5a. If married, widowed, or divorced HUSBAND of	22.   HEREBY CERTIFY Upst   attended daceased from
(or) WIFE of Kawrence C. Dielerics	Jan 1935 10 Chail 25 1936
6. DATE OF BIRTH (month, day, and year) 1 6. 10, 1866	I lost saw her alive on Capach 25 A 19 36; death is said
7. AGE Years Months Days II LESS than	to have occurred on the date stated above, a 45 Pm.
70 Z , 19 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, FOULLEURSE SAWYER, BDDKKEEPER, etc.	Barlo Renal Vasculus
Industry or business in which work was done, as SILK MILL,	Committee of the contract of t
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and yaar)  yaar)  11. Total tima (years) spent in this gcupation	
5.00	Dther Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
E 0 11 (D)	Name of operation. Mane Date of
(State or country)	11 2 11
	What test confirmed diagnosistence V. Agrandia there an autopsy?  23. Il death was due to external causes (VIOLENCE) fill in also the following:
E Bult	Accident, suicida, or homicida?
16. BIRTHPLACE (city or town) 2 Sulfaryum 65	Where did Injury occur?
Mikaunougod Wickowi	(Specify city or town, county and State) pacily whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
17, INFORMANT/ (Address 222 22 22)	Spacery whether injury occurred in INCOSTAT, IN NOME, OF IN POBLIC PLACE.
18. BURIAL, CLEMATION, OR REMOCE.	Manner of Injury
Placebourdon lack Date 1 May 2,1936	Nature of injury
19. UNDERTAKE COMPLICATIONS	24. Was disease or injury In any way related to occupation of deceased? UO
(Address) Worth & Pa anes.	If so, specify
20. FILED May 1936 Ver Registrar.	(Signed) total of short M.D.  (Address) 2 4 to Meson der
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes of onset of importance were as follows:		Example II	
		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis JUN 2 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage PIIRFAU V. S	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr. Jemes

V. S. No. 1

	1
BINDING	-
FOR	
RESERVED	
IN RES	
-	

STATE OF MARYLAND—CERTIFICATE OF DEATH PHYSICIANS should state OCCUPA-1. PLACE OF DEATH County\_ Village or City Jo Length of residence in city or town where dea A PERMANENT RECORD. Every statement 2. FULL NAME (a) Residence: No. Exact PERSONAL AND STATISTIC stated EXACTLY. classified. 5a. if married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, and year) properly 7. AGE WITH UNFADING INK-THIS IS 8. Trade, profession, or particular OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ AGE should be jo 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... See instructions on back so that it may 1D. Date deceased last worked at this occupation (month and 12. BIRTHPLACE (city or town) mation should be carefully supplied. (State or country) CAUSE OF DEATH in plain terms, FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER TION is very important. 15. MAIOEN NAME 16. BIRTHPLACE (city or town) (State country) -WRITE PLAI 17. INFORMANT 19. UNOERTAKER (Address) 2 20. FILEO Chril 24 , 19.3

-4-1	82-2
ello.	Registration Dist. No. 31
14 lallstown	No. Winands Rd St. Ward
144 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
th occurred yrs mos	ds. How long in U.S. if of foreign birth?yrsmosds,
1 las Sorsey	If U.S. Veteran specify WAR
1-1-1-1	X
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
. SINCE, MARRIED, WIDOWED,	21. DATE OF DEATH /
DR DORCED (qurite the word)	asv 23 193 6
120000	(Month) (Day) (Year)
11.0	22. I HEREBY CERTIFY, That I attended deceased from
at the same of the	ape. 1, 1936, 10 0 pv. 23, 1986
14/858	t as saw bla alive on asv 122 , 1936; death is said
Oays If LESS than	to have occurred on the date stated above, at /2 = a m.
9 I day,hrs.	The PRINCIPAL CAUSE DF DEATH and related causes of importance
ormin.	were as follows:
cone/	Circle - Die and a mile
	and and any of any
	Cherry Stepen and Some Miles
11. Total time (years)	V- Just in pers egypacima 14, 36
spent In this occupation	
	Dther Contributory Causes of importance:
n - Beall	
u zeall	
ma	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
nty Beall	23. if death was due to external causes (VIDLENCE) fill in also the following:
view	Accident, suicide, or homicide? Date of injury, 19
md.	Where did injury occur?
Ly	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
ogre	
( Ca. 1 . 2	Manner of Injury
Sate (1900 23, 19 3)	Nature of injury
Armolin	24. Wes disease or injury in any way related to occupation of deceased?
January	If so, specify
is sugar.	The deliteration of the second
& marlyn	(Signed) And M. D.
Registrar.	(Address) Kausallettur, 119

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Chronic interstitial, nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage MAV 5 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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b. Every	YSICIANS	statement	,
F REC	Y. PH	Exact	/
RMANENT	XACTL	classified.	
IS A PE	stated E	properly	certificate.
HIS	<u>Be</u>	pe	of
INK-TI	GE should	nat it may	s on back
-WRITE PLAILY, WITH UNFADING INK-THIS IS A PERMANENT RECO. D. Every is	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	TION is yory important. See instructions on hack of certificate.
WITH.	refully su	I in plain	tant So
	e cs	ATE	nnor
PLAI	should !	OF DE	Very in
-WRITE	mation s	CAUSE	TION is

SIAIL OF MARYLAND—	CERTIFICATE OF DEATH
County Ballering	Registration Dist. No.
Village or City Nobels Cliff (If	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
2. FULL NAME Sister Wary William D  (a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Abul  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from fpil 27 1931 to april 1 1936
G. DATE OF BIRTH (month, day, and year) Och. 3 - 1903	I last saw h La alive on Mas. 25 , 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2.5.6.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as STINNER, SAWYER, BODKKEPER, etc. Industry or business in which	Pulmonary Tubersulosio ?
work was done, as STLK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked at this occupation (month and year) year)  year)  work was done, as STLK MILL, SAW MI	
12. BIRTHPLACE (city or town) Maldey Mass (State or country)	Other Coutributory Causes of importance:
13. NAME William Driscoll	
13. NAME William Aniscoll  14. BIRTHPLACE (city or town) Boston Mass (State or country)	Name of operation
15. MAIDEN NAME Wary Guiffin  16. BIRTHPLACE (city or town) Baston, Mass  (State or country)	23. If death was due to external causes (VIDLENCE) fill In also the following:     Accident, suicide, or homicide?
17. INFORMANT St. Mary Clasa World Cliff, Myd.	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURHAL CREMATION; DR REMOVAL  Plate  Dete Opr. 3 1, 1936	Manner of injury
19. UNDERTAKER WO M. O'LLE COMMENTAL (Address), 8 0 T. LU THE DE	24. Wes disease or Injury In any way related to occupation of decessed?  If se, specify  (Signed)
20. FILED Registrar.  If more blanks are needed, address State Registrar.	(Signed) A Charles Street Belginger Properties 7) S. No.

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Example I		Example II	
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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
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BUNEAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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-WRITE PLAI

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# STATE OF MARYLAND—CERTIFICATE OF DEATH 3783

1. PLACE OF DEATH	(59) × 20
County Palimore.	Registration Dist. No. 00
Village or City Sorver.	NoSt.,Ward
Length of residence in city or town where death gegurredyrsn	(If death occurred in a hospital or institution, give its NAME instead of street and number) nosds. How long in U. S. if of foreign birth?yrsmosds.
60' (/ 20.	
-ba (0 + 1)	*
(a) Residence: No. 9 2 (Vaul place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Thate.	21. DATE OF DEATH  April  (Month)  (Dat)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hellan Duncan	22. THEREBY CERTIFY That I ettended deceased from
6 DATE OF RIPTH (month day and wass) Febru 23 1840	l last saw her elive on a per 26 1936 : death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	
67 2 4 1 dey,h	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8 Trade profession or particular	were es follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done as SILK MILI	L'abiles Mellitus.
SAW MILL, BANK, etc	
this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town) Vases Och	Dither Contributory Causes of importance:
(State or country)	Myocardetes.
II 13. NAME alex, Dimpson.	
13. NAME Oly, Sowiek Out.  14. BIRTHPLACE (city or town) Howith Out.  (State or country)	Name of operation Dete of
(contraction)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Many and Fore  16. BIRTHPLACE (city or town) Inland.	23. If death was due to external causes (VIOL ENCE) fill In also the following:
5 16. BIRTHPLACE (city or town) dreland.	Accident, suicide, or homicide? Date of Injury, 19
S (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT I'm, alex amonde	Specify whether Injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Place Buffalo NY Date 4/28 134	Manner of injury
10 MARTINE MALLIE CHE COOK,	Mature of injury.
19. UNDERTAKER CALLE ALLE STATE (Address 12/7 SX Podel Frank)	24. Was disease or injury In any way related to occupation of deceased?
Mars Blo III heard Vande	(Signed) Lough For sythe
20. FUED Registrar.	(Address) It Chesapenkeaux
If more blanks are needed, address State Registr	at, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 6 1936			E YAS L
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			March H. Va

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 2704
1. PLACE OF DEATH .	(83)
County Balting.	Registration Dist. No. 30
Village or City Catharull	No. Shing Snow St., Ward
Length of residence in city or town where death occurred 3 yrs. 4 mos.	death occurred in a hospita or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME JAM Foldings 19	
	WAN-Whif U. S. Veteran, specify WAR
(a) Residence: No. The Management (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RAGE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Dey)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, That lattended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h a alive on A A A I P 19 3 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2:32Am.
37 1 16 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade profession or particular	Oate of onset
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Moreled Paralysee 1933
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	O
10. Date deceased last worked et this occupation (month and spent in this year) foccupetion	
ton and	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Furning Granding	
14. BIRTHPLACE (city or town)	Name of operation.
(State or country)	What test confirmed diagnosis? What was there an autopsy? W
15. MAIDEN NAME Chiefing Solly	23. If deeth was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury19
(State or country)	Where did injury occur?
17, INFORMANT My Guildy (Address) 103 Shaplan Am	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place I way from Dote agrib 21 1936	Manner of injury
Place I way tem. Dete april 21, 1936	Neture of injury
19. UNDERTAKER GLOYS. W. Zirkler (Address) 17307 & Zeen St.	24. Was disease or injury in any way releted to occupation of deceased?  If so, specify
20. FILED 4/18. 19. All Suclies Registrar.	(Address) My A- John J. M. D.
If more blank and a feet souther State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

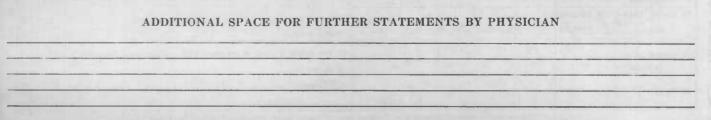
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 2 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



V. S. No. 1 N. B.—V

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	46-30
County Baltimore	Registration Dist. No. 44
Village or City Meddle River	No Halkern Rd. St., Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds
4 00 0	
2. FULL NAME Trank Comala	If U.S. Veteran specify WAR.
(a) Residence: No. Halkern Rd ne Gasa (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Inale thate OR DIVORCED (write the word)	aferil 13 , 193 6
a. If married, widowed, or divorcad	(Yonth) (Day) (Year)
HUSBAND of mary Comola	1 HEREBY CERTIFY. That J affended deceased fro
	Jan 6/36 , 1936 to Cyrul 11 , 1936
DATE OF BIRTH (month, day, end year) 2-2-1868	I last saw ham alive on Copy 11, 1936; death is sai
AGE Yaars Months Days If LESS than	to have occurred on the data stated abova, at
68 2 21 ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:  Date of once
8. Trada, profassion, or particular kind of work done, as SPINNER.	Geremona Muneus.
s. Hada, proassori, particular, sind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	
work was done, as SILK MILL, Retired.	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and spant in this year) occupation	
DIRTHRI ACT (situat Anna)	Other Coatributory Causes of Importance:
2. BIRTHPLACE (city or town) (State or country)	many the
13. NAME FIRST	- functioning with
14. BIRTHPLACE (city or town)	Non-decoration of the second o
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME Zenkouse	What tast confirmed diagnosis?
	23. If daath was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
( to 10 0 -	(Specify city or town, county and State)
7. INFORMANT All All All All All All All All All Al	Spacify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Jacred Hart Date 4/15/ 193	
John & 6	
9. UNDERTAKER (Address)	24. Was disaase or injury in any way related to occupation of dacaasad?
City call by a	(Signed) // (Signe
20. FILED Spr. 6. 1936 John V. Commeller	(Addrass) Capedial MI
	7, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of a mortance:  Gastroenteritis  61 b>	1 year
		Ala Jan	

should state

B. ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH		
1. PLACE OF DEATH	3680		
County Balling	Registration Dist. No. 39		
Village or City Auks	No. St., Ward		
Length of residence in city or fown where death occurred 3/_yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?yrsmosds.		
2. FULL NAME Harry Falmistre			
(a) Residence: No.	St Ward.		
(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH		
male What's married (write the word)	4 // 193 6		
5e. If married, widowed, or divorced	(Month) (Day) (Year)		
(or) WIFE of Bissin Jahnestink	22. I HEREBY CERTIFY. That f attended decessed from 1935, to much 11, 1936		
6. DATE OF BIRTH (month, day, end year) Tune 18 1853	Hast saw have alive on march 11 1986: death is said		
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et . 7.35 Pm.		
\$7 4 24 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence		
Ormin.	were as follows:		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Strokelinshame Bld. 3.4	arterio Soluvis (Curtal) 1934		
9. Industry or business in which work was done, as SILK MILL, Shopelinshame Buly and SAW MILL, BANK, etc			
SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month end # 3 - 36 year)  11. Totel time (yeers) spent in this occupation occupation occupation.	Cuchal Embolion 4-5-36		
Bo H	Other Contributory Causes of importence:		
12. BfRTHPLACE (city or town) (Stata or country)			
13. NAME Sinch Jahnistrah			
13. NAME 13. NAME 14. BIRTHPLACE (city or town) Drawland (Stete or country)	Name of operation Date of		
	Whet test confirmed diagnosis? Demos Wes there en autopsy?		
15. MAIDEN NAME Insinda Jahnistroh  16. BIRTHPLACE (city or town). Pennsylvaina  (State or country)	23. If death was due to external causes (VIOL ENCE) fill In elso the following:  Accident, suicide, or homicide?		
∑ (State or country)	Where did injury occur?		
17. INFORMANT About Jamystreh (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Bathon Green Date 4-14 ,1936	Nature of Injury		
19 INDEPTAKED Army Mr. Jankons & Sang C, 24. Was disease or injury in any way related to occupation of deceased?			
19. UNDERTAKER Amy // Am & Jong Co (Address) Ballmon Mod	If so, specify		
20. FILED / By 13 1926 Thanking H. Blake	(Signed) B. A. Shympother M. D.		
Registras	(Address) I Lawns mol		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car'S 'A 17 - 3 - 18	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		9801 NAM	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IS A PERMANENT RECORD. FOR BINDING WITH UNFADING INK-THIS MARGIN RESERVED AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

-WRITE PLA

STATE OF MARYLAND-CERTIFICATE OF DEATH 3787

1. PLACE OF DEATH '	(83)
County Pallmy	Registration Dist. No. 40
Village or City Catronill	No. Shim Siove St., Ward
Langth of residance in city or town where death occurred 29_yrs	death occurred in a pospital or institution, give its NAME instead of street and number)  Ods. How long in U.S. if of foreign birth?
2. FULL NAME Carl & mollish	If U. S. Veteran, specify WAR
(a) Residence: No. B. A. L. L. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	/ (Month) (Day) (Year)  22   HEREBY CERTIFY. Thet I attended decessed from
6. DATE OF BIRTH (month, day, and year) 1863	1936 to 200, 1936; dath is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at SP. A.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	Date of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Data dacaased last worked at this occupation (month and	1200
10. Data dacaased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) (State or country)	Other Contributory Causes of Importence:
E 13. NAME	1907
14. BIRTHPLACE (city or town).	Neme of operation Date of Date
E 15. MAIDEN NAME	What test confirmed diegnosis? Was there an eutopsy? 23. If death was due to external causas (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	Accident, suicida, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT AND BURNS (Address)	(Specify city or town, county and State) Specily whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OB. REMOVAL Place Processing Control of the Pro	Mannar of Injury
Place 1996 1996 1996 1996 1996 1996 1996 199	Natura of injury
19. UNDERTAKER (Addrass)	24. Was disease or injury in any way releted to occupation of decaased?
20. FILED I 19 Al Conclude Progistrar.	(Signad) M. D. (Address) M. D.
If more bloom an afford and sate Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 2 1936	4		
Other contributory causes of importance!	-	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1211		
A to the second			

V. S. No. 1

STATE OF	MARYI	LAND-CERT	IFICATE	OF	DEATH
----------	-------	-----------	---------	----	-------

1. PLACE OF DEATH	-CERTIFICATE OF DEATH
County Baltimore	Registration Dist. No.
Village or City	No. St., Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)  nos ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME William H Fow	lle X Co., Shed. Ward.
(Osual place of abode)	If nonresident give city or town and State
3. SEX Male  4. COLOR OR RACE OR DIVORCED (write the word)  Male  Manued	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  5allie Cole Fourble  6. DATE OF BIRTH (month, day, and year)  See. 12, 1870	22. I HEREBY CERTIFY That attended deceased from 1936, to 1936; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 3
R Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	Other Coutributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  (State or country)  (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL  Place Macha Morda.  Date Cope 18, 193	Manner of injury
19. UNDERTAKER Wom C Brooks of Son (Address) Sparts, and	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED A TILL 1936 A TO Drack on D  Registrar.  If more blanks are needed address Seets Project	(Signed) M. D. (Address) Para Trust toppin, M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  MAY 4 1936		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(Address)

If so, specify

(Year)

Data of opset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAY 2 1936			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state	(A) CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	rtificate.
HIS I	be s	be p	of ce
-WRITE PLAINLY, WITH UNFADING INK-T	mation should be carefully supplied. AGE should	CAUSE OF DEATH in plain terms, so that it may	TION is very important. See instructions on back of certificate.
N. B.	(	1	)

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	93-0	)
County Baltimore	Registration Dist. No. 43	
Village or City Tullerton	NoSt.,	Ward
£3 (II	death occurred in a hospital or institution, give its NAME instead of street and n	
2. FULL NAME Emma Y. Francis	If U.S. Veternm specify WAR	
(a) Residence: No. Langua (Pod & Coventar a	west. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193_6
5a. If married, widowed, or divorcad	(Month) (Day)	(Year)
HUSBAND of James a. Francis	1936, to Syn	deceased from
6. DATE OF BIRTH (month, day, and year) Jan. 18 4 1853	I last saw have alive on Que & 19 34	death is said
7. AGE Years Month's Days If LESS than	to have occurred on the date stated above, at	
89 2 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
8. Trade, profession, or particular kind of work dona, as SPINNER,		
SAWYER, BDDKKEEPER, etc. 2	artina & waris	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chrome arrayant sell	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	\(	
BOX C. Seal	Other Coutributory Causes of Importance:	2 ,
12. BIRTHPLACE (city or town) USANO (State or country)	Servia almanda	3 sauk
14. BIRTHDLACE (city or town) - Unfanction		
14. BIRTHELACE (city or town) Unfamilies	Nama of operation	
(State of country)	What tast confirmed diagnosis Lugared and Was there and	autopsy?
15. MAIDEN NAME Mary . addison	23. If death was due to external causes (VIOLENCE) filt in also the following	:
15. MAIDEN NAME Many . Addison  16. BIRTHPLACE (city or town). Helphanous	Accident, suicide, or homicide? Data of injury	, 19
(State or country)	Where did Injury occur? (Specify city or towo, county and State	te)
17. INFORMANT A Transces (Address) 8 V. Orlange St.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PL	
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury	
Place 6 amp 6 hapel Date Upul/0,1936	Nature of Injury	
19. UNDERTAKER Fredh Paraly + Son	24. Was disease or injury in any way related to occupation of deceased?	no
20. FILED 4/9 , 1936 So a. Firty M. D. Registrar.	(Signad) When Theheet	M. D.
U Kegistrar.	" (nuuros)	Telle set g

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	1 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAI	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The second of th			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-

STATE O	F MARY	_AND-CERTI	FICATE	OF DEATH
---------	--------	------------	--------	----------

1. PLACE OF DEATH	_		(46B) 1/5
County Ballemore	0.4		Registration Dist. No. 40
Village or City Notely Cl	eff	(If	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where d	death occurred	yrsmos	ds. How long in U.S. if of foreign birth?
2. FULL NAME Sister M	ary Rad	Legundis	Gerlach
(a) Residence: No.			St., Ward.
DESCONAL AND STATISTICS	(Usual place of		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTI  3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIE		21. DATE OF DEATH
Female White	OR DIVORCED	write the word)	april 10 ,193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced	·		
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY. That I attended deceased from July 12
6. DATE OF BIRTH (month, day, and year) M	1arch 6 - 1	873	I last saw h_21 alive on April 8, 19_3 &; death is said
7. AGE Years Months	1	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, et. 1.2.3.2.1.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Housework	(	Stoward Duration one to for
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			good Look A.
10. Dato deceased last worked at this occupation (month and year)	11. Total time spent i occupa	n this	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) Messer y (State or country)	fork City	,	
13. NAME William	Gerlach		
14. BIRTHPLACE (city or town)	avaria	Germany	Name of operation Date of What test confirmed diagnosis? Was there en eutopsy?
15. MAIDEN NAME Martha	Stabl		23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Martha  16. BIRTHPLACE (city or town) Messes  (State or country)	11 10 1	Ly	Accident, suicide, or homicide?
17. INFORMANT Ss. Wary C	lara notel	Elill Ued	(Specify city or town, county and State) Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Of Control Control	Date Apr.	111/1936	Manner of injury
19. UNDERTAKER Scom. St. (Address)	w of	Jon	24. Was disease or injury in any way related to occupation of deceased?
20. FLEOII/3 ( ) 19 tol la	Mother	MUA Registrar.	(Signed) M. D. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related ause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1910	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis	9927	Run over by street car	1 week ago
Cerebral hemorrhage		Paritonitis	3 days ago
1470	agh	/	1 1 1 1 1
Other contributory causes of importance:	Jan.	Other contributory causes of importance:	
Gallstones	Mag 1 19/83	Gastroenteritis	1 year

WRITE F

N. B.--

V. S. No. 1

	4	, PHYSI-
	ECORD	CE should be stated EXECTLY, PHYSI-that It may be properly classified. Exact
(1)	Į	e stated e properl
R BINDING	PERMAN	ehould b
R	A	CE

1PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County 13 acr	Registration Dist. No.
Village or City Chase (No.	St.: Ward) (If denth occurred in a hospital or institution, give its NAME in stead of street an
2FULL NAME Ella n Has	ffine number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Color or RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH April 8 , 1936 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw bler alive on aft. /8 , 1986
7 AGE  If LESS than 1 day hrs or min.;  49 FO yrs. 8 mos. 7 ds. or min.;	. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Chronic Myseardills  (Duration) 2 yro mos de
which employed or (employer)  9 BIRTHPLACE (State or country)  Balto Co. Nucl	Contributory Secondary  (Duration)
10 NAME OF FATHER Peter Miles	(Signed). (Address) Sour M. C. (Address) Sour Mar.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Le otte	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. In the State yrs de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Eugene Griffin	Former or usual residence
(Address) Chase md	A m. e Church Chare aper 21,000
Filed Gr. 19, 1986 John D. Comelle Registrar	mo R. a. Ellit n. Carrline S.
If more hanks are needed, addre, a Ltate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. 13 all he

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemard, etc. If the occupation has been changed laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the Disse EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." a carbolic acid-probably suicide. The nature of the injury, American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railwoy train-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi-Example: Measles (disease Measles;

All this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1 ä

of infor-

	CERTIFICATE OF DEATH 3.793
1. PLACE OF DEATH	
County Baltimore	95-6 Registration Dist. No. 4/2
Village or City arbutus	No. Selma Cive St., Ward
(If Length of residence in city or town where death occurred 5 % yrs,mos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME I cauline Lyngthe	
(a) Residence: No. Selma ave	St., Ward.
(UsuaIplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Month)  (Year)
5a. If married, widowed, or divorced . HUSBANO of (or) WIFE of William, Sunther	22., I HEREBY CERTIFY, That   attended deceased from
Chald 19141	Noolmble 1, 1936, to april 17, 1936  I last saw h.E. aliva on april 17, 1936 death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.4.7.m.
90 0 8 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER BOOKKEFER AND A COURSE OF THE SPINNER, S	Oate of onset
SAWYER, BOURKEEPER, etc.	securita typenispus dez
work was done, as SILK MILL, SAW MILL, BANK, etc	as of as
10. Date deceased last worked at this occupation (month and yaar)	
12. BIRTHPLACE (city or town) — Dermanne	Other Coatributory Campa of importance:
(State or country)	
13. NAME Wyknowy	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Suknown	23. If death was dua to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
∑ (Stata or country)	Where did injury occur?
17. INFORMANT Essel Taul Funther (Address) Selwa ave. Cerbutus	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Jorrane Oate apr 20,1936	Nature of Injury
19. UNDERTAKER MY Mus. John W. Gentel . Son	24. Was diseasa or injury In any way related to occupation of deceased?
(Address) 801 W. Fayette St	If so, spacify
20, FILED april 18 19 36 Markielder	(Signed) M. O.
Registrar.	(Address) 335 G 21

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were a foll ws.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Cerebral hemorrhage	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3794
1. PLACE OF DEATH	1070
County Ballewine	Registration Dist. No.
Village or City Wobels Cliff	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Seiler Wary Julta Happe	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
7. SEX  4. COLOR OR RACE  White  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Seegle	21. DATE OF DEATH  Abul  (Month)  (Day)  (Year)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from April 8 ,1936, to April 15 ,1936
6. DATE OF BIRTH (month, dey, and year) July 5-1848	Hast saw h & alive on A bzif 8 19.3 6 death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 6: 15 A-m.
87 9 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Jeacher 9. Industry or business in which	Besules Pullularia April 6/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Pitts burgle Pa. (State or country)	Other Contributory Causes of importance:
13. NAME Centhony Stappe	
13. NAME Curthony Happe  14. BIRTHPLACE (city or town) - Sermany  (Stete or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Wary trus Westhof	23, If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Yermany (State or country)	Accident, suicide, or homicide?
17. INFORMANT Is Mary Clara World Clell, Mid	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place MAICH College Date apr. 17", 1936	Manner of Injury
19. UNDERTAKER SwM Joseff Jun (Address) 8/100 upon 100 M	24. Was disease or injury in any way related to occupation of deceased?  If se, specify
20. FILED J. S. L., 19 T. Cl. W. W. T. M. T. Registrar.	(Signed) Hell Dell M. D. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis REAU V. B.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

	HIS IS A PERMANENT RECORD. Every item of infor-	be stated EXACTLY. PHYSICIANS should state	be properly classified. Exact statement of OCCUPA.
	RD. Every	INSICHANS	statement
	F-RECO	Y. PH	Exact
ED FOR BINDING	ERMANEN	EXACTL	classified.
FOR B	IS A PE	stated I	properly
Q	HIS	pe	be

	1. PLACE O			JF MAR	TLAND—	CERTIFICATE OF DEATH
	County Ba	altimo	ore			Registration Dist. No.
			Hebbville		fe wee mos	No. Windsor Mill Road St., War f death occurred in a horpital or iostitution, give its NAME instead of street and number)  s. ds. How long in U.S. It of foreign birth? yrs. mos. d
-	2. FULL NA				11 Hartman	
					, Hebbvill	
	PERSON	AL AN	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3.	Male		r or RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  (Month) (Day) (Year)
5a	. If married, widow HUSBAND of (or) WIFE of	ed, or divo	rced			22. I HEREBY CERTIFY. That I attended daceasad fro
6.	DATE OF BIRTH	month, day	and year) No	ovember 1	2, 1925	I last saw h alive on
	AGE Yea		Months 5	Days 3	If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated abova, etm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
COUPATION	9. Industry or work was SAW MIL	vork done, BOOKKEE business in s done, as S L, BANK, e ed last wor	as SPINNER, PER, etc which SILK MILL, etc	11. Total	tima (years)	Ocean June of the Cepidemic).  Ocute of idemia moningition cross of
12				Occ	ent in this upation	Othar Coutributory Causes ot importanca:
ER	13. NAME		Willi	iam Hartm	an	
FATH	(Steta or		wn) Hel	obville Maryland		Name of operation Data ot What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIOEN NA 16. BIRTHPLACE (Stete or V. INFORMANT	(city or to country)	Louise wn) Wo	oodlawn Marylan		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
18	B. BURIAL, CREMAT	ION, OR R		Deta Apri		Menner of injury
	(Address)	100	136 m	timore S	t.	24. Was disease or injury in any way ralated to occupetion of deceased?

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Example		Example II	
The principal cause of death and related auses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	A		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

(Address)

(Address)

19. UNDERTAKER

CREMATION, OR REMOVAL

item of inforshould state of OCCUPA-

STATE OF M	ARYLAND-	CERTIFICATE OF DEATH	
1. PLACE OF DEATH			C
County Balto.		Registration Dist. No. 45	1
A		Acgratiation bist. No	W4
Village or City Stemmers Ou	(1)	NoSt.,  death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of residence in city, or town where death occurr	C.	ds. How long In U.S. if of foreign birth?m	
2. FULL NAME Josephi a	2611:06	If U.S. Veteran specify WAR	
// 0/// /	June	Z	
(a) Residence: Not the territory	al place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PA		MEDICAL CERTIFICATE OF DEATH	
	E. MARRIED, WIDOWED,	21. DATE OF DEATH	
	VORCED (write the word)	afeul # 17th	. 193
me was	ngle.	(Month) (Day)	(Yeer)
5a. If married, widowed, or divorced HUSBANO of	_	22.   HEREBY CERTIFY That I attended	deceased from
(or) WIFE of		apr. 2 1936 to apr. 17	1936
6. DATE OF BIRTH (month, day, end yeer) 700.	22-1868		: death is seld
7. AGE Yeers Months Oe		to have occurred on the date stated above, et . I o P. m.	,
17 6 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
611612	ormin.	were as follows:	Data of onaet
8. Trade, profession, or particular kind of work done, as SPINNER,	maker	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16011
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which		Michigan y N vena ex	1494
work was done, as SILK MILL, SAW MILL, BANK, etc.			
	Total time (years)		-
this occupation (month and 1920)	spent in this		-
0 1 1	7	Other Contributary Causes of importance:	
12. BIRTHPLACE (city or town) Control (State or country)	and		
	111		
13. NAME Pudveph West 14. BIRTHPLACE (city or town)	Juch		
14. BIRTHPLACE (city or town)	<b>/</b>	Name of operation Oate of	
(Stele of country)	40	What test confirmed diagnosis? Eleve and Genelly as there an	autopsy? X
15. MAIDEN NAME Jarah 7	Todel	23. If death was due to externel causes (VIOLENCE) fill in also the following	g:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide? Oate of Injury	19
16. BIRTHPLACE (city or town)	۷.	Where did Injury occur?	
C-616 7	Courell	(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Neture of Injury

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			The Const

infor- state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
item of infor should stat of OCCUPA	Village or City California	Registration Dist. No. 34. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
CORD. Eyery PHYSICIANS ict statement	2. FULL NAME  (a) Residence: No.  (Usual place of abode)	St., Ward.  If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
IDING AANENT ACTLY assified.	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. 11 married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That Lattended deceased from 9 1936
OR BI A PEI	6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day, hrs. or min.	to have occurred on the date stated above, et. 3.45 Ap.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
RESERVED FOR INK—THIS IS AGE should be status it may be pro	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry was done as SII ki MIII	Date of onset  4-5-34
	E 0 10. Oata deceased lest worked at this occupetion (month and spant in this	Other Contributory Canses of Importance:
MARGIN R UNFADING supplied. AG	year) occupation  12. BIRTHPLACE (city or town) (State or country)  4 14. BIRTHPLACE (city or town) (State or country)  (State or country)	Aterischerin 1933
ITTH Illy plai	CE IS MAIOTH NAME	What test confirmed diagnosis?
. e	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
E PLA should	17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place West Taxan Connect The Bost (Wassell LL) 10.3 (	Specify whether Injury occurred in INOUSTRY, In HOME, or In PÜBLIC PLACE.  Manner of Injury
N. B.—WRITE mation sl	19. UNDERTAKER Fred a Transi Land (Address) / 2 / 6 S. Charles &	Nature of Injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)
> z (	20. FILEO T, 19 S Registrar.	(Address)
	If more blown the there and spiale Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. R

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Chronic interstition nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s			
Other contributory caused of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ļ	infor-	state
Ò	em of	NS should state
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
5	ENT REC	FLY. P.
BINDIN	PERMANI	tated EXACTLY.
FOR	IS A I	stated
MARGIN RESERVED FOR BINDING	K-THIS	ehould be
IN RES	DING IN	. AGE
MARG	I UNFA	supplied
3	Y, WITH	carefully
	PLAINL	onld be
2.1	-WRITE	mation sh
S. S.	N. B.	(

STATE OI	F MARYLAND-	CERTIFICATE OF DEATH 370	28
1. PLACE OF DEATH		(48)	1
county Baltimors.		Registration Dist. No.	
Village or City Woodlaw	u.	No. Dogwood Rd + Guyma Oak. avast.	Wa
Length of residence in city or town where de		death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?	number)
4	of Heat 1	,	
2. FULL NAME Emma	) and	St., Ward,	
(a) Residence: No. Wood C	(Usual place of abode)	St., Ward.  If nonresident give city or town and	d State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
4. COLOR OR RACE  Hymnalr, White-	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH april . 8th. (Dey)	, 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of Charles. J	HErtsch	22. I HEREBY CERTIFY, That I ettended	deceased fr
6. DATE OF BIRTH (month, day, and year) \ \mathcal{DM}	neh - 2nd 186	I last saw her alive on 193	death is s
7. AGE Years Months	Days   If LESS then	to have occurred on the date stated above, at 430 Am.	
76 1	d l dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of ons
8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	none	Caremann Cerris	Oate of one
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	••		
10. Date deceased last worked at this occupation (month and year)	11, Total time (years) spent in this occupation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town)	A	Carenoralorio Abdomes	-
(State or country)  E 13. NAME 7 18. Rm	own.	Chr. Mythretis.	
14. BIRTHPLACE (city or town)	many.	Neme of operation Plan Date of	
(State of country)	-2	What test confirmed diagnosis	autopsy?
15. MAIDEN NAME NOS	Know in	23. If death was due to external ceuses (VIOLENCE) fill In also the following	g:
O 16. BIRTHPLACE (city or town)	Emany	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	1- 2-1/	Where did injury occur? (Specify city or town, county and St	nte)
17. INFORMANT (Address)	auss md	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC Pi	LACE.
18. BURIAL, CREMATION, OR REMOVAL Place of reference of the second of th	-Date 4-10th 1936	Manner of injury	
19. UNDERTAKER Mrs Chas.a.	9. Robide	24. Was disease or Injury in any way related to occupation of deceased?	no.
(Address) 2327 Edmo			

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arterioselerosis  APR 17 1936	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of cpilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	920 50
County Ballysul	Registration Dist. No. 37
Village or City Less Can	No. Dallo, Co. alm shouse St., War
Length of residence in city or town where death occurred 10 yrs. 10 mos	f death occurred in a horpital or institution, give its NAME instead of street and number)  s
2. FULL NAME George Herring	If U.S. Veteran specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowad, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from any 15 1925 to Christ 1928
6. DATE OF BIRTH (month, day, and year) 1855	I last saw harman aliva on afraid 3/ 1986 death is sai
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	arten Sclavis
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Oate deceased last worked at this occupation (month and spent in this spent in this	artie Regnigitata 114
year)	Other Contributory Causes of Importance
12. BIRTHPLACE (city or town) (State or country)	
Ta. NAME	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicida?
17. INFORMANT Olius House Record (Address)	Whare did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL June 18. BURIAL, CREMATION, OR REMOVAL June 19. 19. 36	Manner of injury
19. UNDERTAKER Wm- C Beoglot Son (Addrass)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEDOLPHIL 4., 1936 Arilliam Jalikova Registrar.	(Signad) 03 13 03eurou M. C. (Address) Certification M. C.
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Requesting To No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II	
e of death and related causes e as follows:	Date of onset  1 week ago
	1 week ago
	3 days ago
causes of importance:	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should

CAUSE OF DEATH in plain terms, so that it may be properly classified.

infor- state	1. PLACE O	F DEATH	OF MARYLAND-	-CERTIFICATE	OF DEATH
e la company	County	Baltimore			Registration Dist. N
ery item NS sho		City Catonsv	ille death occurred 68 yrs. 4 mo	No. Osborne & Mideath occurred in a hospital or institution. 23 ds. How long in U.S. if o	tion give its NAME instan-
Eve	2. FULL NA	ME Harr	y F. Hooper		1
RD.	(a) Reside	nce: No. Osbo	rne Ave. & Frede (Usual place of abode)	rick Roadvard.	If nonresident give city
₩ S E Z	PERSOI	NAL AND STATIS	TICAL PARTICULARS	MEDICAL C	ERTIFICATE OF
RE EX	3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DtVORCED (write the word)	21. DATE OF DEATH	6.4.1

	PLACE OF	DEATH			- ASD X 3800	
	County	Baltimore	9		Registration Dist. No. 30	
		ty Catonsv		68 1	No. Osborne & Frederick Rogd (If death occurred in a horpital or institution, give its NAME instead of street and number	Ward
	Length of resid				mos. 23 ds. How long in U.S. if of foreign birth? yrs mos	ds
2.	FULL NA		ry F. Ho		¥	
	(a) Resident	ce: No. Osbo		ace of abode)	erick Roadward.  If nonresident give city or town and State	
	PERSON	AL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
3. SI	ale	4. COLOR OR RACE White	5. SINGLE, N OR DIVOR Sing	ARRIED, WIDOWELL CED (write the word	april 10 1/2 1934	36 Year)
5a. I	f married, widow HU3BAND of (or) WIFE of	ed, or divorced		* *** *** *** ***	22. I HEREBY CERTIFY. That I attended daceas	
e D	ATE OF DIDTU /	month, day, end year)	Nov. 17	1867	I last saw h less alive on and 10 19 36; deet	th le cale
7. A			Days	If LESS the	~ ~ ~ B	13 3411
	6	8 4	23	I day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	ofonset
=	8. Trade, profes	sion, or perticular ork done, as SPINNER, BOOKKEEPER, etc	Secre	t ones	A	finance .
PATI	9. Industry or I work wes	BOOKKEEPER, etc		ranspor	ation (Leases Curvature)	135
0000	10. Date deceese	d lest worked at eation (month end	11. Tot	el time (yaars) spant in this		
12. 1	BIRTHPLACE (cit (Stata or coun		Baltimo: Maryland	re	Other Contributory Causes of Importence:	
2	13. NAME		ther E.			
=	14. BIRTHPLACE (State or	(city or town)	Maryland	•	Neme of operation Date of What test confirmed diagnosis Residence V Kerns there an autopsy	20
HER	15. MAIDEN NA	ME Ma:	ria L. V	heeler	23. If daath wes dua to external causes (VIOL ENCE) fill In also the following:	/1
_	16. BIRTHPLACE (Stete or		rford Corvland	ounty	Accidant, suicida, or homicide? Date of injury, I  Where did injury occur?	19
17. 1		r. Timothy Montrose		•	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. E	BURIAL, CREMAT	on, or REMOVAL hedral Cer		1/13,19	6 Menner of Injury Nature of Injury	
19. (	INDERTAKER A	Denty ?	Janes	us 280	24. Wes disease or injury in any way related to occupetion of deceased?	
				, ,		

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	17	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AY 2, 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

2	0	0	1
3	0	U	1

1. PLACE OF DEATH		(B) × × 000L
County Baltimore		Registration Dist. No.
Village Dr City Halata	13d S aller	NDSt.,Ward f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME John Huber		If U.S. Veteran specify WAR
(a) Residence: No. 50 Carvill	.e Ave . (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
3. SEX Male 4. COLOR OR RACE 5. SI White 5.	INGLE, MARRIED, WIDOWED,	21. DATE OF DEATH Sorie 12 , 193 ( (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of tate Catherine (or) WIFE of tate Catherine	C. (nee Albick	1 HEREBY CERTIFY. That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Jan .	13, 1858.	i last saw h_ tex alive on Afrone 10 , 1936; death is said
7. AGE 78 Years Months 2	Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 10 = m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, Retised SAWYER, BDDKKEEPER, atc	red Baker	Chronic valorear Lean
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.		Reese = deaupensation 6+40
1D. Data deceased last worked at this occupation (month and yaar)	11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town)	land	Dther Contributory Causes of importance:  Choose reformer  Treplace he be 1006 for
🖺 13. NAME Hube:	r	Tulialin
Hube:  13. NAME Hube:  14. BIRTHPLACE (city or town)  (State or country) Unknown	own	Name of operation
15. MAIDEN NAME Unkn	OWN	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Unknown (State or country)	own	Accident, suicide, or homicide?
17. INFORMANT Milton J. Huber (Address) 50 Carville Ave		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	April 15,.19.36	Manner of injury
19. UNDERTAKER Hannel Mannel (Address), 4101 Hamondson	with the	24. Was disease or injury in any way related to occupation of decaasad?
20. FILED april 15, 1936 Ter	Registrar.	(Signed) AFRAGAST.   Jateler M. D. (Address) Leas nex.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Data of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 1036	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	E FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

STATE	OF	MARYL	AND-CERTIFIC	ATE	OF	DEATH
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1. PLACE OF DEATH	38621	
County TSalto.	Registration Dist. No.	
	No. St.,  If death occurred in a hospital or institution, give its NAME instead of street and number	
71	sds. How fong in U.S. if of foreign birth?yrsmos	ds
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Tracked	21. DATE OF DEATH Charles (Day) 193	(Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of Thomas K. Husley	22. Jeh HEREBY CERTIFY. That I attended decear	sed Iron
6. DATE OF BIRTH (month, day, and year) may 7 - 1882  7. AGE Yaars Months Days If LESS than		th Is sale
53 10 2 4 1 day,hrs.	to have occurred on the data stated above, at  The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	e of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Political	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (month and	Vulencery Successions 1,	9.3.3
O 10. Data deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) 2000 of state or country) 2000 of -	Other Cantributary Causes of importance:	
I 13. NAME Seo st. Bange		
14. BIRTHPLACE (city or town) Crucel Co.	Name of operation Date of	
(Stata or country)	What test confirmed diagnosis? Chi deules Was there an autops	200
15. MAIDEN NAME Alora Justiculty  16. BIRTHPLACE (city or town). Caroll Co.	23. If death was dua to external causes (VIOLENCE) fill it also the Iollowing:	
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 1 Where did injury occur?	19
17. INFORMANT A. Bange (Address)	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Date 4/4/, 1951	Manner oI Injury	
19. UNDERTAKER Thy 5. Connelly (Address) Reserve and	24. Was disaase or injury in any way related to occupation of deceased?	>
	(Signed) A Thirt	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAY 4 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

of OCCUPA.

ST	ATE OF	MARYLAND-CERTIFICATE	OF	DEATH386
1. PLACE OF DEAT		(RECO)		1

1. PLACE OF DEATH	CERTIFICATE OF DEATH 3803
County Baltinge	Registration Dist. No. 42
Village or City Artestics	
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 20 yrs. mos	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Unguna here	genefit +
(a) Residence: No. (Usual place of abode)	Arbeiters. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Lecuale Stule Suigh	(Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22.   1 HEREBY CERTIFY, That I attended deceased from
(4), 412.0	Lac 20 , 1936, 10 Chille, 1936
6. DATE OF BIRTH (month, day, and year) Leel. 1- 1865	Wast saw h alive on CALL 4, 1976; death is sald
7. AGE Years Months Oays If LESS than I day,hrs,	to have occurred on the date stated above, at . 2. A-m.
10 4 5 1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Access Leaston	Valvalle Deach 1946
SAWYER, BOOKKEEPER, etc. Alless Healten	Me se de,
work was done, as SILK MILL,	
10. Dete deceased lest worked et this occupation (month end year)	
12 14.	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) Salles (State or country)	Tracecce of 120/2
13. NAME O Vincal C. Thomas Lait	The trace of the t
E P. L. Sugaringuis	Lee Tel at
(State or country)	Name of operation.  What test confirmed diagnosis?  West here an automosis?
15. MAIOEN NAME Seal E. Rollingur	What test confirmed diagnosis?
0 16. BIRTHPLACE (city or town) Baltice	Accident, suicide or hemicide? Tall Dete of injury 16.7 1971-
(State or country) Recarcilared	Where did injury occur?
17. INFORMATION Leonar & Place to	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Stephens are. / apro tres	*
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Traceles & Coth hell
Plece Chartauru Oete 4 7 36, 19	Nature of Injury.
19. UNDERTAKER L. B. Wippert & Sand	24. Was disease or injury in any way related to occupation of deceased?
al of all med of	If so, specify  (Signed)  (Signed)
20. FILEO MAN 19. 36 Registrar.	(Address) 1701-16 C85 1851
	1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	Example II	
The principal cause of death and related causes Date of onset of importance were as follows:	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 667 2915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 13	Run over by street car	1 week ago
Cerebral hemorrhage July 5,1927	Peritonitis	3 days ago
TOWN TOWN		
Other contributory causes of importance:	Other contributory causes of importance:	
Gallstones May 1,1923	Gastroenteritis	1 year
Dr. Hearre Varresone	Wilsol.	

BINDING

FOR

RESERVED

MARGIN

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	- International Control of the Contr	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis MAY 2 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
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BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 m OCCUPATION

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Baltumor	Registration Dist. No.
Village or City Park ton Marylan	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAMI Tours a Mayor	· · · · · · · · · · · · · · · · · · ·
(a) Residence: No. Parkton /11d	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR MACE 5. SINGLE TARRIED, WIDOWED, OR BY ORCED (wrin the word)	21. DATE OF DEATH
5a. If merried, widowed, or divorced	(Jedi) (1edi)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY That ! attended deceesed from
20 + 100	1953, to 254 1 , 19 36
6. DATE OF BIRTH (month, day, and year) about 1860	I lest sew harman alive on 19.3 is; death is said
7. AGE Years Months Days If LESS then 1 dey,hrs.	to have occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
Prout 76. ormin.	were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Lokticama 4/1421
	11/1431
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	
work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked et this occupetion (month and spent in this year) year)  occupation	
2 OH- 1 20-1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Course a grupon 1/1/36
473	Lacarona f Calon
13. NAME Co parles / Carson	
13. NAME Cofrarles Caisor  14. BIRTHPLACE (city or town) Lower (State or country) Commanus	Name of operation Date of
	Whet test confirmed diagnosis? Wes there an autopsy? LAR
15. MAIDEN NAME Colin a  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(Stete or country) Vermany	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT///RS Odlward Amworld (Address) Parkton Ind	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Concern Al.	Manner of injury
Place Da Eternore Date April 18,1936	Nature of Injury
19. UNDERTAKER LOTE LE am Cook	24. Was disease or injury in any way related to occupation of deceesed?
(Address) /2/7 St Caul Street	If so, specify
20. FILED Ful N = , 1936 Malus Borling Registrar	(Signed) M. D. (Address) Partition Ind

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Example I		Example II	
The principal cause of death and related cau of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   PIDEALIV.	S. July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

See instruction

TION is very

V. S. No. 1

FATHER

MOTHER important.

(State or country)

15. MAIDEN NAME

(Address)

14. BIRTHPLACE (city or town) (State or country)

16. BIRTHPLACE (city or town) (Stete or country)

13. NAME

17. INFORMANT

te A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
info sta UP.	1. PLACE OF DEATH	3888
should of OCC	County Ballo A	Registration Dist. No. 43
sho of C	Village or City Paspelrug	No. St., death occurred in a horpital or institution, give its NAME instead of street and number)
INS INS		ds. How long in U.S. If of foreign birth?yrsmos
Eve ZIA]	2. FULL NAME William A. Kel	baugh
D. SIC	(a) Residence: No. 4/ Ellicitord	Resp Ward.
THY ST	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
Xa	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF BEATH
LY.	Male White OR DIVORCED (write the word)	(Month) (Qay) , 193
MANEN A C T assified	5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Chara Boring Kelbangh	22. I HEREBY CERTIFY, That I attended decease
CXE.	6. DATE OF BIRTH (month, day, end year) July 24 1859.	1   1   1   1   1   1   1   1   1   1
IS A PE stated E properly	7. AGE Years Months Days If LESS than 1 day, hrs.	to heve occurred on the date states above, et 4 9 m.
IS A I stated properlifical		The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
HIS be be of c	8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. + Avenuer	Issuelius Tulmering &
ould may back	9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  Carpenter	
INE Shat it s on	11. Total time (years) this occupetion (month end year)	

ent give city or town and State TE OF DEATH FY. That I attended deceased from 4 a m. auses of Importance Oate of onsot What test confirmed diagnosis?\_ 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of Injury\_\_\_\_\_\_19 Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE. Manner of injury Nature of injury. 24. Wes disease or injury in env way related to occupation of deceased? If so, specify.

\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL 19. UNOERTAKER (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Date of onset	The principal cause of death and related causes	Date of onset
- 11	of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	Other contributory causes of importance.	
May 1,1923	Gastroenteritis	1 year
	1921 July 5 , 1927	1921 Run over by street car  Iuly 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

of OCCUPA-

of infor-

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¢,		C	)	U	8	5

/1	. PLAC	E OF	DEATH	OI MAIL		ZERTH TEXTE OF BEATH 3808
	County	y	Baltimore	9		Registration Dist. No. 4
	Village	e or City	·	Dundalk	(16	No. 1915 Dundalk Ave. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Length	of reside	nce in city or town wh	ere death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2				Stephen 3		· · · · · · · · · · · · · · · · · · ·
oham				Dundalk A	of abode)	St., Ward.  If nonresident give city or town and State
				STICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	ale		White	5. SINGLE, MARI OR DIVORCED Widowe	RIED, WIDOWED,  (write the word)	21. DATE OF DEATH  april 1936  (Month) (Oav) (Year)
5a.	If married, HUSBANG (or) WIFE	0 of	or divorced Mary C.	Knight		22. I HEREBY CERTIFY, That I attended deceased from  Mach 1936, to april 18, 1936
6.	DATE OF B	IRTH (m	onth, day, and year)	July 21,	1855.	I last saw h. alive on april 8, 193 6; death is said
7.	AGE	Years 80	Months 8	0ays 28	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at L. m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
NOCCUPATION	9. Indust wo SA 10. Oate of thi yes	ry or but ork was d W MILL, deceased is occupat ar)	last worked at ion (month and pr town)	Standard (	me (years) t in this pation	Other Contributory Causes of importance: the its mlsno,
FATHER				Knight, timore Co.	Md.	Name of operationDate of
ER	15. MAIDE			own	·	What test confirmed diagnosis? What test confirmed diagnosis? Was there an autopsy? Mc  23. If death was due to external causes (VIOL ENCE) fill in also the following:
MOTHER		PLACE (c	ity or town)	Unknown	1	Accident, suicide, or homicide? Oate of injury, 19
	(Addre	ss)	illiam Ki 1915 Du			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Place_		N. OR REMOVAL COMMEL CO	m. Date april	2/ ,1936	Manner of injury
19.	UNDERTAK (Addres	(ER S	eorge W.	Dikler		24. Was disease or injury in any way related to occupation of deceased? MO
20.	FILEO.	20	36.19	mlear	Registrar.	(Signed) (MReel M. O. (Address) Amidulta md
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH .	F MARYLAND	CERTIFICATE OF DEATH 3809	
County B altemore		Registration Dist. No.	
Village or City owsor	e ma	Np. St.	War
Length of residence in city, or town where d		f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?	ď
2. FULL NAME Sallie (a) Residence: No. 38/Hul	Curenel Usus place of abode)		
PERSONAL AND STATISTI		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 28 , 193 . (Ye (Ye)	6
5e. If married, widowed, or divorced HUSBAND of			
(or) WIFE of James La	urenel	22. I HEREBY CERTIFY, Thet I ettenged deceased	- 2
6. DATE OF BIRTH (month, dey, and year)	-22-1871	last saw h alive on agra 27, 1938; deeth	ic cal
7. AGE Years Months	Deys If LESS than	to have occurred on the date stated above, at	12 201
614 6	6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted couses of importence	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	one	Clinic Suterstead Vegling	lonse
Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.			
10. Dete deceased lest worked et this occupation (month and year)	11. Totel time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Small (State or country)	Hill Ind	Other Contributory Causes of importence:	
13. NAME mknown	-11.00		
13. NAME WRIGHT  14. BIRTHPLACE (city or town) (Stete or country)	zown	Name of operation Oate of	-2
15. MAIDEN NAME Salle +	urnell	23. If death wes due to external ceuses (VIOLENCE) fill in also the following:	
15. MAIDEN NAME ALLE F	Day.	Accident, suicide, or homicide? Date of injury, 19.	
17. INFORMANT MORABAN (Address) 220 1 8 mm. AV	ups ETowson and	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place TLE AS ANY TESA CE	10610 H 30 ,1936	Manner of Injury	
19. UNDERTAKER BASSON IN GRADIESS JOHN MC & SOL	wielt Wight	24. Was disease or injury in any way related to occupation of deleased?  If so, specify	
20. FILED 4/29, 1936	W. Sacra.	(Signed) (Address) 2,3 24 (Signed)	_M.

CTATE OF MADVI AND

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
		ESEMBLE SERVICE DE LA CONTRACTOR DE LA C	

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particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis VEDI	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1936	July 5, 1927	Peritonitis ·	3 days ago
BUBPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1928	Gastroenteritis	1 year

Information concerning age from her husband

	infor- state UPA.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
		1/ PLACE OF DEATH	82:00
A.	should of OCC	22212 1120	Registration Dist. No.
	.= 0	Village or City Notch Cliff	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	Every CIANS ement	Length of residence in city of town where death occurred	vs. now rought v. s. if of foreign bilen:
	CC.D. Every PHYSICIANS let statement	2. FULL NAME Sister Mary Relindis Lin	1 derman
	YSI stat	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	E PH C	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	NT RECLE Y. PH.	3. SEX 4. COLOR OR RACE Terrial  4. COLOR OR RACE OR DIVORCED (write the word)  Surgle	21. DATE OF DEATH Usul 3, 193 6 (Month) (Day) (Year)
BINDING	ANE C T sife	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decessed from
Z	- 4	6. DATE OF BIRTH (month, day, and year) June 23 - 1874	I last saw h M elive on affail 1, 1936; death is said
OR	A P ted operlifica	7. AGE Years Months Days If LESS than 1 day,hrs. orhrs.	to have occurred on the date stated above, at 12.30 ft.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
F	S IS sta	8. Trade, profession, or particular	Apoplexy about
国	HIS be v be	SAWYER, BODKKEPER, etc. /saulus  9.4ndustry or business in which	3 yes a
RV	should it may n back	9, Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
RESERVED	Sh it sh u	11. Total time (years) this occupation (month end spent in this	
RE		year) occupation occupation	Other Contributory Causes of Importance:
MARGIN	So so reti	12. BIRTHPLACE (city or town) Rox bury Mass (State or country)	Asperial Scleroses
AR(		13. NAME Pours tru derman  14. BIRTHPLACE (city or town)  (State or country)	
M	rH U sul lain t	14. BIRTHPLACE (city or town) Slamany (State or country)	Name of operation
	T S	1 (Grate of Country)	What test confirmed diagnosis? Was there an autopsy? Was there and autopsy?
	LILY, WITI be carefully EATH in pla important.	15. MAIDEN NAME Teresa Korman  16. BIRTHPLACE (city or town) Sermany  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, sulcide, or homicide?
	Poor Loor	S (State or country)	Where did injury occur?
	A DI V	17. INFORMANT St. Mary Clara Notel Eliff	(Specify city or town, county and State) Specify whether Injury eccurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
T	E W E	18. BURIAL, CREMATION, DR REMOVAL.  Place Motor Ch. Colleff Date apr. 7	Manner of injury
No. 1	FOF	19. UNDERTAKER To M. Frill Jon (Address) 84 Kr Je m	24. Was disease or injury In any way related to occupation of deceased
V.S. N	z T	20. FILED \$15/5 6 1, 19 6 18 18 19 19 19 19 18 18 18 18 18 18 18 18 18 18 18 18 18	(Signed) M. [ (Address)
	, 9	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows?	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 4 19	936 1915	Attack of epilcpsy	1 week ago
Chronic interstitial nephritis,	1921	Run over by street car	1 week ago
Cerebral hemorrhage   SUREAU V	S. July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	3812
County Backeryore	Registration Dist. No. 40
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sister Wary Fidelus Rolling (a) Residence: No. Villa Hayla (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Liv ge	21. DATE OF DEATH  (Month) (Day) (Yeer)
5a. If marriad, w'dowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decessed from aug 6 ,1933, to April 21 ,1936
6. DATE OF BIRTH (month, day, and year) Jan. 8-1853  7. AGE Years Months Days If LESS than I dey, hrs. or hrs. or min.  8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	I lest saw h 21 alive on April 20 1936; death is said to have occurred on the data stated above, at 11.10 A m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importence ware as follows:  Date of onset  2012
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Oate deceased lest worked at this occupation (month and yoar)  12. BIRTHPLACE (city or town) (State or country)	Other Coutributory Causes of importance:
13. NAME Frederick Kohman	
14. BIRTHPLACE (city or town) Lew York City (Stata or country)	Name of operation
15. MAIOEN NAME Joleanya ?  16. BIRTHPLACE (city or town) ? Unknown  (Stete or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?
17. INFORMANT Si Wary Claca Wolch Cliff Kid	Spacify whathar injury accurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Notch Cliff Oate April 23rd, 19 36	Menner of injury
19. UNOERTAKER GOOM Fink & Son (Addrass)	24. Was disease or injury in any way related to occupation of decaesed?
20. FILED / 23/31 , 15 The Man / ATT MAN Registrar.	(Signed) M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAY 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1925	Other contributory causes of importance:	1 year
		9	- 3007

V. S. No. 1

of OCCUPA.

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every Exact statement stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. be AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAIN

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH		2813
County Baltimore		Registration Dist. No. 43
Overlea		
Village or City	O (I	No. 4014 Walnut ave St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	yrsmos	ds. How long In U.S. If of foreign birth?yrsmosds.
2. FULL NAME James Joseph	Loukota	
(a) Residence: No. 4014 Walnut av	e	St., Ward.
(Usual place	e of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MA OR DIWORC SING	RRIED, WIDOWED,	21. DATE OF DEATH April 13 th 1936 <sub>93</sub> (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of		22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) May 20 th	1903	1 last saw halive on
7. AGE Years Months Days	If LESS than	to have occurred on the date stated above, et 2.15 m. M.
32   11   11	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Carpent	er	f
SAWYER, BOOKKEEPER, etc.		behinse hyradely full 36
9. Industry or business in which work was done, as SILK MILL, United ra	11ways	1
0. Date deceased lest worked at 1/1936 11. Total this occupation (month end	time (years) ent In this 11y1	S
Raltimore	•	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)		- Devot for the
1 7 . 1 7 . 1		filler fully
E Augtria		Name of annuling
14. BIRTHPLACE (city or town) AUS 01 10 (State or country)		Name of operation Date of Whet test confirmed diagnosis?
置 15. MAIDEN NAME Sophia Mantou	i	Whet test confirmed diagnosis? Whet test there an autopsy? We store an autopsy? We store an autopsy? We store an autopsy?
5 15. MAIDEN NAME Sophia Mantou		Accident, suicide, or homicide? Date of Injury 19
(State or country) Austria		Where did Injury occur?
17. INFORMANT Mrs Katherine Louk (Address) 4014 Walmut ave	ota	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	1	Manner of Injury
Place Parkword Cent Date 4/16 , 1936		Nature of injury
10 HADERY AVER 1104.54		24. Was disease or injury In any way related to occupation of deceased?
19. UNDERTAKER ON Colean	-	If so, specify
1 14 14 13/ 1 A I	T m()	(Signed) Edult. Yearson M.D.
20. FILED 7. 1936 LJ. Ch. T.	Registrar.	(Address) / W. Dreeless and

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	Example II
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes Date of onset of importance were as follows:
Arteriosclerosis 1915	Attack of epilepsy 1 week ag
Chronic interstitial nephritis 1921	Run over by street car 1 week ag
Cerebral hemorrhage July 5,1927	Peritonitis 3 days ag
Other contributory causes of importance.	Other contributeur causes of importance
Other contributory causes of importance	Other contributory causes of importance:
Gallstones May 1923	Gastroenteritis 1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—WRITE

V. S. No. 1

	CERTIFICATE OF DEATH 3814
1. PLACE OF DEATH  County By Himore	Registration Dist. No. 33
Village or City Woodensbure	No. St Word
Length of residence in city or town where death occurredrrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME margarete m	abbolt
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Amount (Day) (Year)
58. If married, widowed, or divorced HUSBAND of (or) WIFE of Alliam & Mabbett	22. HEREBY CERTIFY. That I attended deceased from
01 - 1.00	april 0 = 1986 to lifetel 8 m , 19 3 b
6. DATE OF BIRTH (month, day, and year)	I last saw here alive on Cycle 8 , 1936; death is said
7. AGE Years Months Oays If LESS than I dey,hrs.	to have occurred on the date stated above, at
ormin.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Washelman followed by apr 3'8
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  1. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Clorloho: Mechnonia
10. Data deceased last worked at this occupation (month and year)  year)	
12. BIRTHPLACE (city or town) Frederich Mcf (State or country)	Dither Contributory Causes of importance:
13. NAME John W Me bollum  14. BIRTHPLACE (city or town) Frederich Md	and Phannetse orthers standing
14. BIRTHPLACE (city or town) Frecherich Mol	Name of operationOate of
	What test confirmed diagnosis? Was there an autopsy?
E TOURS POUR	23. If death was due to external causes (VIOLENCE) fill in also the following:
(State or country) frequences mad	Accident, suicide, or homicide?
17. INFORMANT Mrs Kate Tracy (Address) Perstertown Mod	(Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mt Olivet Date april 10, 1936	
19. UNDERTAKER W. M. book. (Address) 12.17.66 Powels	24. Was disease or injury In any way related to occupation of deceased?  If so, specify
20. FILED Stril 8: 19 36 B. M. Slade Registrar.	(Signed) Cerril 6. Forofle M. D.  (Address) Where P.O. araglia Ind.
If more blanks are needed address Coast D.	Note that the second se

ed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	S days ago
A Lady			
Other contributory causes of interreties:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. 8. No. 1

N. B

PLACE OF DEATH

3

# STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration	Dist. No. 33
Village or City Cesters Lako: 2 25 25 25 25 25 25 25 25 25 25 25 25 2	St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- steed of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
3 SEX COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the-word)	16 DATE OF DEATH  (Month)	(Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw h	11 260, 1926.
7 AGE  Still Boul  If LESS tha  I day hr  or frin.	s. The CAUSE OF DEATH * was as follows:	d above, atm,
a OCCUPATION (a) Trade, profession or particular kind of work	SHA BANK	J
(b) General nature of industry susiness, or establishment in which employed or (employer)	Contributory (Duration)	yrs,mosds.
9 BIRTHPLACE (State or country) Part C.	Secondary (Duration)	yıs mos ds.
FATHER THE MELLEN	(Signed) 1997 (Address)	
OF FATHER  (State or country)  Mile E	*State the Disease Causing Death Vlolent Causes, state (1) Means of i Accidental, Suicidal or Homicidal.	, or, in deaths from njury and (2) Whether
of Mother and Ded	18 LENGTH OF RESIDENCE (For Hosp	itale, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)  Bullo & See	0. 40410 10	e ateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
(Informant) Wyas Malden	Former or usual residence	-
(Address) Restlession 2	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL  an 27, 19 3/
15 - May 1 602/ JP P.	20 UNDERTAKER	ADDRESS
Filed My L. 1925 L. Heart Registrar	See	Rouleur

If more branks are needed, addrese State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Death tired 6. yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a> en at home, who are engaged in the duties of the whatever, write None. or given up on account of the DISEASE CAUSING DEATH, etc., Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em7 Farm laborer, Laborer-Coal mine, etc. Wornwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, .tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., whon a definite discase Chronic interstitial nephritis, Whooping cough; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all American Medical Association.) approved as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee Chronic Example: Measles (disease on Nomenclature etc. The contributory valvular heart disease; Measles; etc., of

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3815	
1. PLACE OF DEATH	<u></u>	
County Palls.	Registration Dist. No.	
Village or City (Danusas 17.	No. St., W. death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
	de New Joseph H. O. M. Co., M. Address	ds.
2. FULL NAME James Manack		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word)	21. DATE OF DEATH pri 23	
5a. If married, widowad, or divorced HUSBAND of	(Month) (Day) (Year	r)
HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY, That I attended deceased APY S 36 to APY 23 193	from
6. DATE OF BIRTII (month, day, and year) Sept. 3-1894	liast saw h Lm alive on april 22 1936 : death is	s said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et 11 30 A-m.	, 5010
- 41 7 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance	
9 Trade profession or particular	Date of o	nset
SAWYER, BOOKKEEPER, atc	Lardio Vascular Kenal 7	
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc	O ( Slase	
11. Total tima (years)		
this occupation (month and spant in this occupation		
12. BIRTHPLACE (city or to the both Balt	Other Contributory Causes of importance:	
(State or country)	Cerebral Hernortiane	-/-
13. NAME Joseph manack	a war speciel or waste 18	may
14. BIRTHPLACE (city or town) Bohemio	Name of operation Name Date of	K
(Stata or country)	What tast confirmed diagnosis? NOL Was there an autopsy?	110
15. MAIDEN NAME Katie Klama	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Kalie Klema  16. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. MAIDEN NAME    Maile   Maile	Accidant, suicida, or homicide? Data of injury	
(State or country) Md	Whare did injury occur?	
17. INFORMANT Joseph Manack (Address) & Block n. Monthous the	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury	
Place Clar Jawn Elem Date Upril 26, 1906	Nature of injury	
19. UNDERTAKER 6. Miller & Son (Addrass) 2 3 3 4 feller	24. Was disease or injury In any way related to occupation of decaasad? MO	
20. FILED gail 23, 18 & Jan J. Connelly Region.	(Signad) JOSEPH Pokorny  (Address) 220 E Madison It	M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.	_

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

E ample I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosts	1915	Attack of epilepsy	1 week ago
Chronic interstilled nephros	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory cause of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

	ite	U)	of	
•	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every ite	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS s	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
/	RE		Ex	
MARGIN RESERVED FOR BINDING	ERMANENT	EXACTL	y classified.	te.
<b>四</b>	A P	eq	erl	fical
FO	S	stat	prol	erti
A	SII	pe	pe	o jo
VE	-TI	plu	lay	ack
SEF	NK-	sho	it n	q u
RES	G I	GE	hat	us o
Z	NIC	V	so t	ctio
\$GI	FAI	lied.	ms,	stru
TAI	ND	ddn	ter	e in
A	TH	ly s	lain	Se
	WI	eful	in p	ant.
X	LY,	car	TH	port
	AIN	d be	DEA	mi .
	PL	non	)F 1	TION is very important. See instructions on back of certificate.
T	TE	n sl	SE (	18
0.1	VRI	tion	MINS	ON
0.1	1	m	C	E

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3816
1. PLACE OF DEATH	CERTIFICATE OF BEATH
County Baltimore	Pagistrating Diet No. 4 8
Village or City Satawalle	No. Spring grove State Hamitalety, Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where daath occurredyrsmos.	291ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Trederica March	if U. S. Veteran, specify WAR
(a) Residence: No. Baltimore Ma (Unkn (Usual place of abode)	Ward, 500 [  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of  Whenous	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Wont 2-1865	last saw h \ \ alive on \ Qroil \ \ \ \ 19.3 \ daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, at 1.15.Pm.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
Trade profession or particular	Uate or onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Tractured near of left fernan
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was dona, es SILK MILL, SAW MILL, BANK, atc  11. Total time (years)	accidentally microbral 45.36
SAW MILL, BANK, atc	Brancho-Brenmania 4/17.36
12. BIRTHPLACE (city or town) San Salvadas (State or country)	Other Contributory Causes of importanca: Cherebral arterio Salerario well
13. NAME levelescen	
13. NAME LENGUESE  14. BIRTHPLACE (city or town)	Name of operation Date of Date of What tast confirmed diegnosty tuplous & Saytos Was there an autopsy? Mo
E 15. MAIDEN NAME	23. If daath was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME unknown	Accident, suicide, or homicide? Accident Date of Injury 4 5. 19.36
Stata or country)	Where did injury occur? Catamaille, Mal
17. INFORMANT Decords of Spring Inonestate Magical	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Tell out of head
Place Springleron Canalardoro 4-20, 1936	Neture of injury Left ferme new frontined.
19. UNDERTAKER Spring Kerry Stole Shoute	24. Was disaase or injury in any way ralated to occupation of daceased?
4/20 21 hel audereal	(Signed) Dilas Mr Welliner M.D.
20. FILED 7/20, 19.36 The Michael Registrar.	(Address) Catarraville Red.

If more blanks are heeded, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis 100 1936	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3817
1. PLACE OF DEATH	
County Daltimore 0 0	Registration Dist. No.
Village or Cit Body found in Lake (Cit	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where daeth occurred #5_yrsmos	ds. How long in U.S. if of foreign birth?
2. FULL NAME Edward & Mart	in hot a war between
(a) Residence: No. 1714 Hallford Que, (Usual place of abode)	St. Ward Brownesident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word) 5e. If married, widowed or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND OF Grace Co. Fulson	22. I HEREBY CERTIFY, That I ettended deceesed from
6. DATE OF BIRTH (month, day, and year)	I last saw h eliva on april 6 , 1936; deeth is said
7. AGE Yaars Months Days If LESS than 1 day. hrs. or min.	to heve occurred on the dete steted above, at
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, atc.	Probable Date of onset
9. Industry or businass In which work was done, as SILK MILL	Daowning in 1636
SAW MILL, BANK, etc	Baltimore Co. Md
12. BIRTHPLACE (city or town 12. August 12. (State or country)	Dthar Contributory Causes of importance:
13. NAME Fatrik Martin 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(Stete or country)	What test confirmed diegnosis?
15. MAIDEN NAME ALTY O'Bruen  16. BIRTHPLACE (city or town) Drolland  (State or country)	23. If death wes dua to external causes (VIOLENCE) fill in also the following:  Accidant, suicide, or homicide?
State or country)	Whara did injury occur?
17. INTRIMANTAGES L. Dohony & others (Address) 10 H Valley St. Balling	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, DR. REMOVAL	Mannar of injury
19. UNDERTANDIAN Jaken + Sono.	Natura of injury 24. Was disaesa or injury in any way related to occupetion of deceased?
(Address) 1318 Gapt . Jackson	F If so, specify
20. FILED JULY 196 JULY JULY AND Registrar.	(Address) / Swan : Balling Co.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial neghritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

Inquest held at Town Police
Statem at 7 P. M. april 8.1936
Morman H. Angell, Boros

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V. S. No. 1

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A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
sta UP.	1. PLACE OF DEATH	9250 \
occ	County Sq. Curron'	Registration Dist. No. 42
sho of (	Village or City Kandoone	No. Ward to Cerost, Ward death occurred in a hospital or institution, givents NAME instead of street and number)
70	Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, given is NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
Every SIANS ement	2. FULL NAME / hours James	the Cullough.
rSIC stat	(a) Residence: No. Kanadowne les	st, Warrenton dere
PH)	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
KE Exa	3. SEX  4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
TTL ed.	male while married.	Month) (Oay) (Yaar)
A C 7 A C 7 Issific	5a. If married, widowad, or divorced HUSBAND of Katherine Me Cullough	22.   HEREBY CERTIFY, That I attended deceased from
E X cla	6. DATE OF BIRTH (month, day, and year) Oct 27, 1870	I last saw h tom aliva on Cent 22 196 death is said
IS A PE stated E properly certificate	7. AGE Yaars Months Days If LESS than	to have occurred on the data stated above, 612 45 A.m.
IS state	65 5 24 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of importanca wera as follows:
be so of c	8 Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.	arthura le Cardeac 1931
ould may back	9. Industry or business In which work was dona, as SILK MILL,	De de la la Charles
3C _E	SAW MILL, BANK, atc	
IG INI IGE SI that it ons on	this occupation (month and 7/93/ spent in this wife.	
NFADING pplied. AG erms, so tha instructions	12. BIRTHPLACE (city or town) Covanston lud	Other Contributory Causes of Importance:
ied.	(State or country)	sation 4/14/3
	I 13. NAME John le Cerlough.	
H C su ain t	4. BIRTHPLACE (city or town)	Name of operation Oate of Wasthera an autopsy? Lo
at plant	15. MAIDEN NAME Budget Joldrich.	What test confirmed diagnosic Xxxxx Was there an autopsy? 423. If death was due to axternal causes (VIOLENCE) fill in also the following:
INLY, W be carefu EATH in important.	16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of injury, 19
be of mpc	(State or country)	Whera did injury occur? (Specify city or town, county and State)
A D D P	17. INFORMANT La . W Cellorgh, (Address)	Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
shou E OF	18. BURIAL, CREMATION, OR REMOVAL Grans	Mannar of injury
	Place It Muan 19 Oata Classiff 19 36	Natura of injury
mation CAUS TION	19. UNDERTAKER Mary M Widefeld	24. Was disease or Injury in any way related to occupation of deceased? 40
(T)	20. FILED Jul 24,1936 Car Frakinffer	(Signed) Hammultul M. D.
	Registrar.	(Address) 2910 Holling Ro
	a, more vientes ure necucu, unuress state Registrar, 2	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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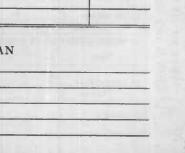
In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	4	Example II	1450
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 2 C C	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY	July 5,1927	Peritonitis	3 days ago
BUREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER S	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

1. PLACE OF DEATH	CERTIFICATE OF DEATH 3819
County Baltimore	Registration Dist. No.
Village or City Laus down	No. Islufted WE, St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John M- / elret	
(a) Residence: No Lews down (Usualplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDO WED, OR DIVORCED (quite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of ARE Ella Grounds ME Katarak	22. I HEREBY CERTIFY That I aftended deceased from
6. DATE OF BIRTH (month, day, and year) 7 44, 15, 18,53	last say line alive on a full 23, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated bove, at 1.2.4.5 A.m.
13 2 10 lday,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER LUE Stock Dealus SAWYER, BDOKKEPER, etc.	arteno Felerais
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	9 1 1 1 1 1
10. Date deceased last worked et this occupation (month and 92 %) spent in this occupation oct we also occupation.	Miss regugitation
Joan Joan Joan Joan Joan Joan Joan Joan	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	murcadal descreption
H 13. NAME Show as ME Kelvett	1
14. BIRTHPLACE (city or town) (State or country)	Name of operation
15. MAIDEN NAME USaw Charley	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME USAW Charley  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
State or country)	Where did injury occur?
17. INFORMANT Mrs. Coffice Hoffware (Address) Law Howeld True,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place 11. Date 127, 19 3 (	Neture of Injury
19. UNDERTAKER ( Caston 8 offs (Address) & lie off Colin	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED Pfry 26, 19 36 Ple My Caffer Rosstrar.	(Signed) 1479 Drust Blad
	2411 N. Charles Street, Balimore, Requesting V. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the dc ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
THE PALL V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. Solo. 1.

BINDING

RESERVED

MARGIN

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	D	Example II	
The principal cause of death and related caus of importance were as follows:  Arteriosclerosis  Arteriosclerosis	ses Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	S 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:	*	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If more blanks, and

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11.-The number of years the deceased followed the occupation.

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Example I		Example 11		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAY 2 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3822
1. PLACE OF DEATH	
County Baltimore	Registration Dist. No.
Village or City Dundalk	No 6906 Brentwood Ave
Length of residence in city or town where death occurred 25 yrs. mos	f death occurred in a horpital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME KATHERINE MUNSKI	J
(a) Residence: No. 6906 Brentwood Ave.	0
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed	21. DATE OF DEATH April 23rd 1936
Female   White   Widowed	(Month) (Oay) (Year)
HUSBANO of Olivered Munski	22. HEREBY CETTY, That I attended deceased from
OULIUS MUIDAL	lect 5 ,1934, to april 23 ,1936
6. DATE OF BIRTH (month, day, and year) May 2, 1873	liast saw here elive on april 15, 1936; death is said
7. AGE Yeers Months Qays If LESS than 1 day,hrs.	to heve occurred on the dete stated above, at 4 2 2 3 me. M.
OB III SI ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	Chamer and the text
2. Industry or business in which	mite of male land to the med
work was done, as SILK MILL, SAW MILL, BANK, etc	Tennas tarres adantation in the same
10. Dete deceased lest worked at this occupation (month and year)	
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Poland (State or country)	- W.
13. NAME Gottleib Mencek	Inn
14. BIRTHPLACE (city or town)	Name of operation
(State or country) Poland	What test confirmed diegnosis? Church Was there an autopsy? Ha
15. MAIGEN NAME Mary ?	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Poland	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mr. Gustav Munski	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Box 72 Martel Ave. Colgate 18. BURIAL, CREMATION, OR REMOVAL	
Christ Ev. Luth. Ch. Cember Apr. 26. 19 36	
HENRY SANDER & SONS. INC.	
(Address) Baltimore & Broadway.	24. Was disease or injury in any way related to occupation of deceased?
March March	and and and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis RECEIVE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAY 7 1936			
Other contributory causes of importance: V. S.		Other contributory causes of importance:	
THE THE PARTY OF T	May 1,1923	Gastroenteritis	1 year

	infor-	state
(Max	of	pli
	item	should
	Every	HELANS
•	Comp.	PHYSE

Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

-WRITE

STATE OF MARYLAND—CERTIFICATE OF DEATH 2000

1. PLACE (	DF DEATH Baltimore		-		11-8	1	) Z J
Village or	D	. R. F.	D.	Kenwood	& Linden A	ration Dist. No	42
	sidence In city or town where o	00	7./_ (1	f death occurred in a hospit	la or institution, give its	NAME instead of stre	St.,Ward eet and number) mosds.
2. FULL NA	ME Paul	ine Neub					
(a) Reside	nce: No. Kenwood	& Linde:		speburg, R.F.	W	esident give city or to	wn and State
PERSO	NAL AND STATIST	CAL PART	ICULARS	MEDI	CAL CERTIFIC		
s. sex Female	4. COLOR OR RACE White	5. SINGLE, MAI	RRIED, WIDOWED. ED (write the word)	21. DATE OF D			, 193 6
5e. If marriad, wido HUSBAND of (or) WIFE of	wed, or divorcad			22. I HE March 28	REBY CER	A an A	
6. DATE OF RIRTH	(month, day, and year) Se	pt. 26.	1885	0.79	liva on April	Apr. 4,	36
	Months 6	Days 9	If LESS than I day,hrs. ormin.	to heva occurred on the The PRINCIPAL CAUS were as follows:	date stated abova, et_		
kind of SAWYEI	businass In which	lousework					Mch - 28,
O 10. Data decaa:	LL, BANK, etcsad last worked at upation (month and 1934	11. Total t	tima (years) nt in this upetion	-			
12. BIRTHPLACE (c	2	rg, Balt	o. Co.,	Other Contributory Can	ses of importance:		
	ohn Neubauer	IQ		Dementia (	cerebral	oftening)	Aug. 1934
	E (city or town)	iny		Name of operation Whet tast confirmed dia			
	AME Catherine I		chatz	23. If deeth was due to e Accidant, suicide, or how Where did injury occur	xternal ceusas (VIOLE)	ICE) filt in also the fo	ollowing:
17. INFORMANT (Address)	John Neubauer Kenwood & Lir		•	Specify whether injury	(Specify	city or town, county a in HOME, or in PUBI	ind State) LIC PLACE.
18. BURIAL CREMA	calen Eigh.	Constant Confra	il 7 1936	Mannar of injury			
19. UNDERTAKEN (Address)	rederick Las	sakn Q F	t ma	24. Was disease or injury  If so, specify  (Signed)	y in any way related to	occupation of dacees	ed? No
	, 10-4-7/		Registrar.	(Address) _	5713 Belain	lkinson, Rd. Pal	to Md

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Example I	15	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN

V. S. No. 1 N. B.—

1. PLACE OF DEATH	
I. PLACE OF BEATH	
County Baltimore . Registration Dist. No. 4/	
Village or City Dundalk No. 81 Kurship St., (If death occurred in a horbital or institution, five its NAME instead of street and numb	Ward
Length of residence in city or town where deeth occurred	
2. FULL NAME Florence Nege	
(a) Residence: No. 81 Kinship St., Ward.	
(Usual place of abode) If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
	(Year)
5a. If marriod, widowed, or divorced	
(or) WIFE of Frank Heye 22. Chief 28, 19 35, to Chief 6	ased from
6. DATE OF BIRTH (month, day, and year) May 8 (1880   last saw h. st. elive on Office 1936; de	ath is said
7. AGE Yeers Months Dys If LESS than to have occurred on the date steted above, at	
1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, Or house Board-ull epithelion to his Sawyer, BOOKKEPER, etc.	te of onset
9. Industry or business in which	years
work wes done, es SILK MILL, SAW MILL, BANK, etc.	days
SAW MILL, BANK, etc.  10. Date decessed last worked et this occupation (month and spant in this occupation occupation occupation occupation	
12. BIRTHPLACE (city or town)	day
(State or country) Police of Crimary spitheliona of skins of right	
13. NAME Seo Fires temple Started in 1930.  14. BIRTHPLACE (city or town) Date of Detection Date of Da	
(State or country) England What test confirmed diagnosis? Bester Was there an autop	sy? lo
15. MAIDEN NAME Dank Know 23. If death was due to external causes (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME  23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?  Date of Injury  Contact of the contact of	, 19
where did injury occur?	
(Specify city or town, county and State)  17. INFORMANT  (Address) 429 H Clark Mark Moulals to the county and State)	
18. BURIAL, CREMATION, OR REMOVAL A Manner of injury	
Place Moral att al Ulikoale Upr 18, 1936 Nature of Injury	
19. UNDERTAKED Oahu Celerich 24. Was disease or Injury In any way related to occupation of deceased?	
(Address) 200 & Call aug As A If so, specify	
1/11/2/ mulare a (Signed) Toward Jurus	M. D.
20. FILED 7/18/36, 19 At 1 Will state of Registrar. (Address) 59 Dundalk Ove.	

CENTIFICATE OF DEATH

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Example I	179	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 7	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis WAT 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	7	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

D. Every item of infor-PHYSICIANS should state of OCCUPA-Exact statement IS A PERMANENT REC stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. B.—WRITE PLAI

V. S. No. 1

	CERTIFICATE OF DEATH 3825
1. PLACE OF DEATH  County Ball	Registration Dist. No. 4/2
Village or City Januaham	No. Registration Dist. No. St., Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME Stillsom	Mus
(a) Residence: No. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE  While  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH april 21 , 193 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, dey, and year) afend 21 1936	
7. AGE Years Months Days If LESS than 1 dey, hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Still berth
9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc	Premalen Gras
10. Date deceased lest worked at this occupation (month and spart in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	Bom dead
13. NAME John Lowres	
13. NAME John Lowers  14. BIRTHPLACE (city or town) St. Mary Co.  (State or country)	Neme of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (Lity or town)  16. BIRTHPLACE (city or town)  (Stete or country)	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?, 19,  Where did Injury occur?
17. INFORMAN Less lo Grans (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL) Place January and Dete april 22, 1936	Manner of injury
19. UNDERTAKER Sehral (Address) Father Pulsabie of	24. Was disease or injury in any way related to occupation of deceesed?
20. FILED Mel 27136 The flag	(Signed) M. D. Arasi Blad M. D. (Address) 1470 Arasi Blad
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	0 11	Example II	41 21 54
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  MAY 4 1936	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ITE	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	si N
WR	natic	DY	TOL
B.	11	0	_
N. B.—WRITE PLAI, Y, WITH UNFADING INK—THIS IS A PERMANENT REC. D. Every item of infor-		(-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE C	OF DEAT	H 200	101
1. PLACE OF DEATH	11:00		2005	1
County Baltimar	77 643	Registration Dis	t. No. 2	
Village or City Rockdele	No.		St.	Ward
(1	death occurred in a hospital or institution		stead of street and nun	nber)
Length of residence in city or town where death occurredmos	ds. How long In U.S. if of t	oreign birth?	yrsmos	ds.
2. FULL NAME Many James James	/ρ	4		
(a) Residence: No. Little   Rd. + Sachesta	stiffe. Ward.			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CE		city or town and St	ate
3/SEX 4. COLORGOR BACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CE	RIFICATE	F DEATH	
OR DIVORCED (write the word)	ZI. DATE OF DEATH		13	02 6
to It married widowed as discount		(Month)	(Day)	(Year)
Sa. If married, widowed, or divorced HUSBANIOTO	22. LHEREBY	CERTIFY.	Thet I attended dec	ceased from
- James Di Calmile	april 10	36 to ay	mil 13	1936
6. DATE OF BIRTH (month, day, end year) 1842	I last saw h. W alive on 4	/13/	1936:	deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated	above, at 5	Am.	
93 8 19 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes o		
8 Trade profession or particular	0.1.1.		C	Date of onset
SAWYER, BOOKKEEPER, etc.	La Tuga	e,	4	4/10/36
	Brauche	tes		
SAW MILL, BANK, etc				
O IO. Date deceased last worked et this occupation (month end year)		f.		
Roll.	Other Contributory Causes of importe	ence:		1111
12. BIRTHPLACE (city or town) (State or country) (State or country)	Bauch	of him	7	4/11/36_
	myseller	led teel	serb 5	1/12/36
I	<i>f</i>			
4. BIRTHPLACE (city or town) (State or country)	Name of operation	7	Date of	
(State of Country)	What test confirmed diagnosis?	west	Was there an auto	psy?_ 20
15. MAIDEN NAME MASS 13eLt  16. BIRTHPLACE (city or town)	23. If death was due to external cause	s (VIOLENCE) fill in	also the following:	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	Date	of injury	., 19
(State or country)	Where did injury occur?	(Sanaifa aitu an bana	n, county and State)	
17. INFORMANT Mas. A. Calvulla- (Address)	Specify whether Injury occurred In 1	NDUSTRY, In HOME,	or in PUBLIC PLACE	•
18. BURIAL, CREMATION, OR REMOVAL	Menner of Injury			
Place Dandy Yerry Man. 1936	Nature of injury			
10 HADEDTAKED	24. Was disease or injury in eny way	related to seemed	of documents 72	0.
19. UNDERTAKER Collect orchard Sta	If so, specify	Serated to occupation	or deceesed (	
adio13 3/ 2 2 11	(Signed)	uel		M D
20. FILED CO. 196	(Address) / BOW	orea 2/	to Be	el. U.
If more blanks are world address State D.	N. O. I. S	- War	- W	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis ED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
PHOCASI V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

of OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH 0041
1. PLACE OF DEATH	(190)
County Dallinge	Registration Dist. No.
Village or City Reis ters how Outside	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Levige W. Parke	If U. S. Veteran, specify WAR
(a) Residence: No. Nove . Reis tery time of (Usual place of abode)	MeSt., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH afril 3 24 1936
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND OF Grace M. Bower	22. I HEREBY CERTIFY. That lattended deceased from
6. DATE OF BIRTH (month, day, and year) \ \ \ \ \ \ 2 \ \ \ \ \ \ \ \ \ \ \ \	I lest saw h aliva on Assaul 274 1936 death is said
7. AGE Years Months Days If LESS than	to have occurred on the deta states abova, et
40 9 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or perticular kind of work dona, as SPINNER,	- A - A - A - A - A - A - A - A - A - A
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  Industry or business in which work was done, as SILK MILL.	acute Borker Hopetint month
DAW MILL DAMY of	23.
SAW MILL, BANK, etc	(
this occupation (month and 3 months spent in this occupation	Alberry
12. BIRTHPLACE (city or town) England Dont Money	Other Contributory Canses of Importance:
(Stata or country)	O'serving & pusting of U.
I 13. NAME William D. Jarge.	
13. NAME William D. Farke.  14. BIRTHPLACE (city or town) England.	Nama of operation Dete of
(State of country)	What tast confirmed diagnosis? Wes there an autopsy?
16. BIRTHPLACE (city or town) weathin slee	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) healmin slev	Accident, suicide, or homicide? Data of Injury19
(State or country) Carroll Cu. mg.	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Drate m. Parke.  (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Com. Date Cyril 6, 1936	Manner of Injury
19. UNDERTAKER Wm Berry man of Sins (Address), Revaters tropy myd,	24. Was diseasa or injury in any way related to occupation of deceesad?
20. FILED Gor, 52, 1936 Dy, M., Blades Registrar.	(Signad) A M. D. (Addrass) A O et levelow
Registrar.	(Vanisas)

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial pephritis 50 ?3 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND—CERTIFICATE OF DEATH

			(210-9)	
County Bultimore			Registration Dist. No. 9	Y
Village or City White	marian	ha	No Philadelkhia Roadst,	Ward
Length of residence In city or town where	Vsupn	visa mos	death occurred in a horpital or institution, give its NAME instead of street and number of the death of the d	
0-	1/3/	V:00.1	If U.S. Vetersn specify WAR	
2. FULL NAME LEGISC	1115	nucy	0920	
(a) Residence: No.	(Usual place	of abode)	Y. St., Ward.  If nonresident give city or town and S	date
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
8. SEX 4. COLOR OR RACE		RIED, WIDOWED, (write the word)	21. DATE OF DEATH fril 231d (Month) (Oay)	1936 (Year)
5a. If married, widowed, or divorced				(1001)
HUSBANO of (or) WIFE of			22. I HEREBY CERTIFY, That I attended d	
6	Link	1000		
5. DATE OF BIRTH (month, day, and year)  7. AGE Years Months	Days	If LESS than	I last saw h alive on	daatn is said
26 6	8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance	
	10	ormin.	wera as follows:	Oate of onset
	mknow	~	automabile.	
Sandustry or business in which	16 -	. 4		
SAW MILL, BANK, etc	11. Totel ti	ma (unava)		.=
this occupation (month and year)	spen occu	nt In this know		
0 /	ridas		Other Contributory Causes of Importance:	
(Stata or country)	land			
13. NAME TOURISME ENG	sidge (	Hillips		
13. NAME / ILLIAM (STATE OF TOWN)	olders	_	Neme of operation Date of	
(State or country)	buff m	L o	What test confirmed diagnosis? Was there en eu	
15. MAIOEN NAMPOLISALOTT	Sum	sek	23. If death was due to external causes (VIOLENCE) fill in also the following;	
15. MAIOEN NAME (Light town)  16. BIRTHPLACE (city or town)  (State or country)	timos	2>	Accident, suicide, or homicide?	23,1936
(State or country)	yeard	1.111	Where did Injury occur? White Mash	
17. INFORMANT / Spliame 8	rudge q	hellypes	Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLA	
(Address) Combred 91  18. BURIAL GREMATION, OB REMOVAL	ma	0		
	Date Office	1 25,36	Manner of injury	
19. UNDERTAKER Granville	V. LEG	mpte	24. Was disaasa or injury in any way related to occupation of deceased?	
20. FILE Opril 23, 19 26 9.	In Com	rely fegistrar.	(Signed) Lange Manufact (Address) Rossville, Ma.	7-8-M. I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A	1	~	}

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS  1. SSTATE AND STATISTICAL PARTICULARS  2. FULL MAME  (a) Residence: No. 10 1 (Cheliphe of abody)  PERSONAL AND STATISTICAL PARTICULARS  3. SINGLE MARKED WORKED (with the word)  5. II menting a vidowed, or divorced (or) wife of many of the word)  5. II menting a vidowed, or divorced (or) wife of many of the word)  5. II menting a vidowed, or divorced (or) wife of many of the word)  5. II menting a vidowed, or divorced (or) wife of many of the word)  5. II menting a vidowed, or divorced (or) wife of word)  5. II menting a vidowed, or divorced (or) wife of many of the word)  5. II menting a vidowed, or divorced (or) wife of many of the word)  5. II menting a vidowed, or divorced (or) wife of word)  5. II menting a vidowed, or divorced (or) wife of word)  5. II menting a vidowed, or divorced (or) wife of word)  5. II menting a vidowed, or divorced (or) wife of word)  5. II menting a vidowed, or divorced (or) wife of word)  5. II menting a vidowed, or divorced (or) wife of word)  5. II menting a vidowed, or divorced (or) wife of many of the word)  5. II menting a vidowed, or divorced (or) wife of word)  5. II menting a vidowed, or divorced (or) wife of word)  6. DATE OF BEATH  1. ADATE OF BEATH	STATE OF MARYLAND—	CERTIFICATE OF DEATH 2000
Village or City.  And Complete to the Complete of City.  Length of residences in city. or town where death occurred in a hopisal or institution, give its NAME, instead of since and number).  A. How long in U., It of foreign birth?  Y. How long in U., It of foreign birth?  Y. How long in U., It of foreign birth?  Y. How long in U., It of foreign birth?  Y. How long in U., It of foreign birth?  Y. How long in U., It of foreign birth?  Y. How long in U., It of foreign birth?  Y. How long in U., It of foreign birth?  Y. How long in U., It of foreign birth?  Y. How long in U., It of foreign birth?  Y. How long in U., It of foreign birth?  Y. L. COLOR OR RACE  S. SINGLE, MARRIED, MIDOWED long with he words  Only In U. (Month)  Y. It of the William of the Color of the William of the American Course of the William of the American Course of the Mills Barbay districts of the William of the Willia		820
Village or City. Death of the service of its begins the chimination, are in NAME, intend of ancel and number)  (a) Residence: No. 10	County / ) attemore	Registration Dist. No.
Centre of residence in citylor from where death occurred _ 0.0 yr		Nd. 0149 87- St Ward
2. FULL NAME  (a) Residence: No. 10 1 1 (Und phase of abody)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, MIDOWED  10 BUYORCED (write the word)  10 BUYORCED (write the word)  2. DATE OF DEATH  2. DATE OF DEATH  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, MIDOWED  10 BUYORCED (write the word)  10 BUYORCED (write the word)  2. DATE OF DEATH  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, MIDOWED  10 BUYORCED (write the word)  10 BUYORCED (write the word)  11 BUS REPLY CERT I FX. Final, I sprinted, bidward from 10 buyor a silve on. 2 buyor and 10	Length of residence in city or town where death occurred 3.0yrsppes	de Dente le Dette de la constant
PERSONAL AND STATISTICAL PARTICULARS  3.5EX  4. COLOR OR RACE  5. SINGLE, MARRIED, RIDOWED, ORD DIVORCED (smit he word)  1. Illustrial widowad, or divorced  ((or) WHEE of Weers  Months  6. DATE OF BIRTH (month, day, end year)  7. AGE  Years  Months  1. Saw MILL, Bahk, etc.  9. Industry or business in which SAW MILL, Bahk, etc.  9. Industry or business in which SAW MILL, Bahk, etc.  1. Obstate or country)  1. Is Instribulate (city or town)  (Slate or country)  1. Is Instribulate (city or town)  (Slate or country)  1. Is Instribulate (city or town)  (Slate or country)  1. Instribulate (city or town)  (Slate or country)  Namoner of Injury  Nature of I	7, (1),	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGEL MARRIER JUDOWED  OR DIVORCED (wink the word)  5.9. If married, widowed, or divorced HUSBAND  O(wife of month, day, end year)  Ferrial  File of BIRTH (month, day, end year)  O(wind of word, don's control of contro	(a) Residence: No. 101499-80a	votowatown mo
3. SEX  4. COLOR OR RACE OR DIVOSCED (wink the word) OR DI	PERSONAL AND STATISTICAL PARTICULARS	
59. HI MATERIAL CAUSE OF BIRTH (month, day, end year)  6. DATE OF BIRTH (month, day, end year)  7. AGE  8. BURIAL GREMA HON, OR REMOVAL  Place  9. AGE  9. AGE  8. BURIAL GREMA HON, OR REMOVAL  Place  9. AGE  9. AGE  8. BURIAL GREMA HON, OR REMOVAL  Place  9. AGE  9. AGE  8. BURIAL GREMA HON, OR REMOVAL  Place  9. AGE  9. AGE  8. BURIAL GREMA HON, OR REMOVAL  Place  9. AGE  9. AGE  8. BURIAL GREMA HON, OR REMOVAL  Place  9. AGE  9. AGE  8. BURIAL GREMA HON, OR REMOVAL  Place  9. AGE  9. AGE  8. BURIAL GREMA HON, OR REMOVAL  Place  9. AGE  9. AGE  8. BURIAL GREMA HON, OR REMOVAL  Place  9. AGE  9. AGE  8. BURIAL GREMA HON, OR REMOVAL  Place  9. AGE  9. AGE  8. BURIAL GREMA HON, OR REMOVAL  Place  9. AGE  9. AGE  8. BURIAL GREMA HON, OR REMOVAL  Place  9. AGE  9. AGE  8. BURIAL GREMA HON, OR REMOVAL  Place  9. AGE   3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 1 1 1 93 493	
S. DATE OF BIRTH (month, day, end year)  7. AGE  Yeers  Months  Days  If LESS than  I day,	5a. If married, widowad, or divorced HUSBAND of	(1881)
T. AGE  Yeers  Months  Days  If LESS than to have occurred on the data steted eborg, at 7 4 m.  The PRINCIPAL CAUSE OF DEATH and related chauses of Importence ways as follow:  Wind of work done as SPINNER, SAWTER, BOUKKEFER, atc.  SAWTER, BOUKKEFER, atc.  SAWTER, BOUKKEFER, atc.  SAW MILL BANK, SILK MILL  SAW MILL BANK, SILK	anni Vollaro.	april 19 , to april 13 6
1 day, hrs. or min.  1 day. or min.  1 day		dadii is said
Description of particular and the second of	5/- 2 - Ingur I day, hrs.	
work wes done, as SILK MILL  ANNILL BARN, etc.  10. Date deceased last worked of this occupation (month and)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMACE (city or town)  (State or country)  18. BIRTHPLACE (city or town)  (State or country)  19. UNDERTAKER  (Addrass)  19. UNDERTAKER  (Addrass)  20. FILEDURAY  Ct., 1936  AMAILL BARTHPLACE (city or town)  (Signed)  Manner of Injury  (Signed)  Manner of Addrass)  19. UNDERTAKER  (Address)  AMAILL BARTHPLACE (city or town)  (Signed)  Manner of Addrass)  Manner of Injury  (Signed)  Manner of Addrass)  AMAILL BARTHPLACE (city or town)  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  Manner of Injury  (Signed)  MANNER  (Address)	Trade profession or particular	Carebral apoply Outpoint
Work wes done, as SILK MILL  10. Date deceased last worked et this occupation (month and years)	SAWYER, BOOKKEEPER, atc	77706
12. BIRTHPLACE (city or town) (Stata or country)   14. BIRTHPLACE (city or town) (State or country)   15. MAIOEN NAME   16. BIRTHPLACE (city or town) (Stata or country)   17. INFORMANT	SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) (Stata or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, PR REMOVAL Place (Addrass)  19. UNDERTAKER (Addrass)  20. FILED  19. Other Coutributory Causes of importance:  Other Coutributory  What test confirmed diagnosis?  Was there an autopsy?**  Was there an autopsy?**  Accident, suicide, or homicide?  Opecify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of Injury  Nature of Injury  Nature of Injury  Nature of Injury  (Signed)  (Signed)  (Address)  Other Coutributory  Was there an autopsy?**  Was there an autopsy	spent in this	Δ
(State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Addrass)  18. BURIAL CREMATION, PR REMOVAL Place  19. UNDERTAKER (Addrass)  19. UNDERTAKER (Addrass)  20. FILED  19. OF	a de la constituir de l	Other Coutributory Causes of importance:
15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT A CADAL AND A CADAL Place (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place (Addrass)  19. UNDERTAKER A CADAL A CADAL AND A CADA		710
15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT A CADAL AND A CADAL Place (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place (Addrass)  19. UNDERTAKER A CADAL A CADAL AND A CADA	TI 13. NAME	
15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT A CADAL AND A CADAL Place (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place (Addrass)  19. UNDERTAKER A CADAL A CADAL AND A CADA	14. BIRTHPLACE (city or town)	Neme of operation
15. MAIOEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT And Place (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place (Addrass)  19. UNDERTAKER And And State (Addrass)  20. FILEE May / Ct., 1936 / Addrass (Address) / Ct., 1936 / Address / Ct. (Signed) (Address) / Ct., 1936 / Address / Ct. (Address)	(State of Country)	100 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, PR REMOVAL  Placa  (Addrass)  19. UNDERTAKER  (Addrass)  24. Was disease or Injury in any way related to occupation of accased?  24. Was disease or Injury in any way related to occupation of accased?  (Signed)  (Signed)  (Address)  (Address)	15. MAIOEN NAME	
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Addrass)  19. UNDERTAKER  (Addrass)  24. Was disease or Injury In any way related to occupation of accased?  24. Was disease or Injury In any way related to occupation of accased?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  Manner of Injury  Nature of Injury  (Addrass)  (Addrass)  (Signed)  (Signed)  (Address)	16. BIRTHPLACE (city or town)	
18. BURIAL, CREMATION, OR REMOVAL Placa Who are the state of injury  19. UNDERTAKER Called State of injury  (Addrass)  20. FILED Mov / Ct., 1936 M. A. C.	G - COUNTY)	(Specify gity or town country and San )
Place M Calvary Osterway 4586  Nature of Injury  19. UNDERTAKER Carabalas (Address)  24. Was disease or Injury In any way related to occupation of dacased?  26. FILED More (Ct., 1936 M Andrews)  27. FILED More (Ct., 1936 M Andrews)  Registrar.  (Address) (Address) (Address)		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER Carabalas Gradus  (Addrass) V O Me Carabalas  (Addrass) V O Me Carabalas  (Signed)  (Signed)  (Address) / Ct., 1936 / Addrass M. R. Registrar.  (Address) / Ct., 1936 / Addrass M. R. Registrar.		Manner of Injury
20. FILEDULOV/Ct, 1936/1945 (cm) (In)  Registrar. (Address) / BU 2 354 Squares PA	Place 11 VI Carry Date Will 19736	Nature of Injury
20. FILEDUJOV/Ct, 1936/1945 (orm) en (M) (Signed) St. January M. D. Registrar. (Address) / BU 2-554 Daniers (Address)		A ~_//
	20. FILEDUJOV 10t, 1936 for fitte fermiercin	(Signed) A Javas M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example VED		Example II	
The principal cause of death and related causes of importance were as follows: 4 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 110 FAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH 3831	E OF DEATH 3830
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1. PLACE OF DEATH	92301 1
County Sulture	Registration Dist_No. 30
Village or City Catousville	No. 706 chey leside Clip St. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John J. Polle	
(a) Residence: No. / 706 Kley leads and	
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DAY DECED (write the word)	21. DATE OF DEATH CKN. 30
Male Whele Merried	(Month) (Dey) (Yeer)
5a. If marriod, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Sophia B. Forter	Que 12 1935 to april 30 1936
6. DATE OF BIRTH (month, day, and year) Feb. 1 1868	Hest saw h Li elive on april 29 , 19.36; death is seld
7. AGE Years Months Deys If LESS then	to have occurred on the date stated above, et 115m.
68 2 29 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importence were es follows:
R Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The values Heart desert let
■ I 9. Industry of Dusiness in Which	
work was done, as SILK MILL, SAW MILL, BANK, etc	·
10. Date deceased last worked at this occupetion (month and 93) spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) + owned	
(State or country) May faced	allero-Islerosis bul
13. NAME John Polle  14. BIRTHPLACE (city or town) Housell Co	
14. BIRTHPLACE (city or town) Howell Co	Neme of operation
(State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME William	23, if death was due to externel causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Dete of injury
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mis. Sophia Porle	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 706 ley Pescele aix Calousule	
18. BURIAL, CREMATION, OR REMOVAL Place Sulling Supporte May 3, 1936	Menner of injury
Piace Millim Millimpate 141 0, 19 J 6	Nature of Injury
19. UNDERTAKER Guston Sous	24. Wes disease or injury in any way releted to occupation of deceased?
(Address) Elleett City	If so, specify
20, FILED May 2, 1936 maishall B west	(Signed) M. D.
Registrar.	(Address) decouncille du

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
JUN 2				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		1		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3831	
1. PLACE OF DEATH	23	
County Dallework	Registration Dist. No.	
Village or City Catousville	No. 111 Locust Drive. St.,	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number ds. How long in U.S. if of foreign birth?yrsmos,	
2. FULL NAME PRESE, Dell Fort	es) a x	
(a) Residence: No. // Locust Dur	St. Ward. Salousville	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
s. SEX  4. COLOR ON RACE  5. SINGUE, MARRIED, WIDOWED, OR INVORCED (write the word)	21. DATE OF DEATH (Mopth) (Day) , 193	(Year)
5a. If merried, wisdowed or divorced HUSBANO of Corp. MIFE of Lovence a. Australia	22. I HEREBY CERTIFY, That Lattended decea	ased from
C DATE OF BARTH (mostly day and find 1) 1 1 1 8 8 7		ath is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Oays If LESS than	to heve occurred on the date stated above, at 50m.	
48 7 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	to of onset
8. Frade, profession, or particular kind of work done, as SPINNER,	Culmon my	
SAWYER, BOOKKEEPER, etc.	Tracket grant of	8.7
work was done, as SILK MILL,	with Carry	
10. Oate deceased last worked et this occupation (month and 3 4 spant in this period occupation)		
( Cat - Olal	Other Contributory Cansea of Importance:	
12. BIRTHPLACE (city or town) Cary Cary (State or country) ary Cary	(Pulmonary Hemorrhand	
13. NAME Edward 2. Porter		
13. NAME Columnia or tell 14. BIRTHPLACE (city or town)	Name of operation	
(State manufacty)	What test confirmed diagnosis? Was there an aulop:	sy?
15. MAIDEN NAMEL WAR SMILL	23. If death was due to external causes (VIOLENCE) fill in also the following:	
[ 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury,	, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT M. Thomas Colorante	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place destudion fall Date 1700, 4, 1936	Nature of injury	
19. UNDERTAKER & Calony Son	24. Was disease or injury in any way related to occupation of deceased?	O c
Ul Sald Com	(Signed) (Signed)	
20. FILEO T. Registrar.	(Address) atandoulle m	of c
If more blanks are needed, address sate Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other centributery causes of importance	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

(h	L'	1
		ı

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

Exact statement of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH 3832

1. PLACE OF DEATH					822	
/ County Baltimore					Registration Dist. No. 442	
	illage or City La.		aath occurrad		No. Charleston Ave. St.,  death occurred in a horpital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth? yrs. m	number)
						103
	JLL NAME				If U. S. Veteran, specify WAR	
(2	n) Residence: No (	nariesto	(Usual place		St., Ward.  If nonresident give city or town and	d State
P	ERSONAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Mal		or race	s. single, Mari or divorces Wido	RIED, WIDOWED, O (write the word) Wed	21. DATE OF DEATH  April 19  (Month) (Day)	, 193 <b>6</b> (Year)
HUS	rriad, widowad, or divor BAND of WIFE of Mare	garet O.	Ports		22. I HEREBY CERTIFY, That I attended  JULY 27 1935, to APRIL 19	decaased from
6. DATE	OF BIRTH (month, day	, and year) Aug	gust 9, 1	864	I last saw h im alive on Apren 19 1930	; daath is said
7. AGE	Years 71	Months 8	Days 10	II LESS than I day,hrs. ormin.	to have occurred on the date stated above, at 6.35P.m.  The PRINCIPAL CAUSE OF DEATH and ralatad causas of importance were as follows:	Data of anget
8. T	rade, profession, or pa kind of work done, a SAWYER, BDDKKEEI	rticular as SPINNER, PER, etc	Janito:	r	GEREBRA HEMORRADE	Date of onset
JUPAT 3	ndustry or businass in work was done, as S SAW MILL, BANK, e	which ILK MILL, tc			-	
10. I	Pate deceased last work this occupation (mon year)	kad et ith and	11. Totel ti sper occu	me (years) of in this pation 2_yrs		
	HPLACE (city or town) . Stata or country)	Mary]	Land		Dther Coutributory Causes of importance;	** *******
	NAME Wil	lliam Por	ts			
E	SIRTHPLACE (city or to (Stata or country)	wn)	Maryland		Name of operation Date of What tast confirmed diagnosis? Was there an	
15. N	MAIDEN NAME	Catherin	ne Wilson		23. If deeth wes due to externel causes (VIOL ENCE) fill in also the following	ng:
15. MAIDEN NAME Catherine Wilson  16. BIRTHPLACE (city or town) Baltimore (State or country) Maryland					Accident, suicide, or homicide? Date of Injury  Where did Injury occur?	
17. INFORMANT Mrs. Edith Beck (Addrass) Lansdowne, Md.			<u>C</u>		(Specify city or town, county and Str Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ate) LACE.
18. BURIAL, CREMATION, DR. REMDVAL Place Mt. Olivet Cem. Day April 22 1936			10 7	1 22 , 36	Mannar of injury	
19. UNDERTAKER 1003 W- Baltimore St.			Ltimore S	te)C	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED april M, 1936 Germanie of Registral.				Kieff.	(Signed) Golward J. Milan (Address) 682 Washington Blvd., Be	) M.D.
	1	If more	blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
- REAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3833
1. PLACE OF DEATH	9:000
County Ballmore	Registration Dist. No. 43
Village or City Millerlon	Nottidge Troad St., Ward
Length of residence in city or town where deeth occurred ANSWARDS AND	f death occurred in hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME (rescentia Prosse	If U.S. Veteran specify WAR.
(a) Residence: No Asign Ford (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ("write the word)  Flemale White Single	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Nov. 38 1935 to april 21 1936
6. DATE OF BIRTH (month, day, and year) March 3 19-1850	I last saw her elive on april 19, 19,36; deeth is said
7. AGE Yeers Months Deys If LESS than I dey,hrs.	to heve occurred on the dete steted ebove, ebour m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trede profession or perticular	were as rollows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL,	Chronic myocarditis ?
9. Industry or business in which work was done, as SILK MILL,	and endotardition internal
SAW MILL, BANK, etc	Chamic andocardities Civil The
this occupation (month end spent in this occupation	Duration : Muknowno
12. BIRTHPLACE (city or town) Freguesing (State or country)	Other Contributory Causes of importence:
E / / have a a	Name of operation Trans Date of
(State or country)	What test confirmed diegnosis? Clinical Was there an autopsy? No
15. MAIDEN NAME Coma Wills	23. If deeth wes due to external causes (VIOL ENCE) fill In elso the following:
16. BIRTHPLACE (city or town) Lechnological	Accident, sulcide, or homlcide? Date of Injury, 19
(Stete or country)	Where did injury occur?
17. INFORMANT Joseph Prosser	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR BEMOVAL Modely Redeemer Console Caril 24,1936	Manner of injury
19. UNDERVAKEN KERENCE Sacsahmer Sons (Address) 1401 Belgir Koad	24. Was disease or injury in eny way related to occupation of deceased? No.
20. FILED 4/23, 1936 Da. Futy MD. Registrar.	(Signed) 120, D. Halford Cur
If more blanks are needed, address state Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Dalto., Mc

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1986	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAN 2	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RIIREAL	23		
Other contributory causes of importance:	100	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING	BIRCHE A SECRET
K	•
FOR	3
	2
<b>KHNHKVHD</b>	
AKGIN	

STATE	OF MARYLAND-	CERTIFICATE OF DEATH 38	234
1. PLACE OF DEATH	/		OX
County Allann	M/	Registration Dist. No.	30
Village or City Lg Miga	sssille hol	No. St. death occurred in a hospital or institution, give its NAME instead of street	, Ward
Length of residence in city or town where	death-occurredf_yrsfmos	ds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAME	Itu . Jun	Ch If U.S. Veteran specify WAR	A.
(a) Residence: No. 6018	Them / My Catonsis	Ward. Maricultus	re mish
(a) Hosiacino. Hos	(Usual place of abode)	If nongesident give city or town	and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEAT	H /
3, SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DEVORCED (write the word)	21. DATE OF DEATH	, 193
5a. If marriad, widowed, or divorced	- Horanico	(Month) (Day)	(Year)
HUSBAND OF MANA A	M. Juch.	22. I HEREBY CERTIFY, That I atta	nded dacaased from
77.09	has all MIRI	, 19 , to	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above at 2	; death is said
7 // // // // // // // // // // // // //	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
		were as follows:	Oate of onset
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, TO SAWYER, BOOKKEEPER, BOOKKEEPE	cialist Manguet	ul carlo al Her - Las	240
9 Industry or business in which		Services it says	
SAW MILL, BANK, etc.	re Mamushelion	Ylor BRUNG	
Q 10. Oata deceased last worked at this occupation (month and	11. Total tima (years) 200		
year)	occupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (City or town)	myss		
(Stata or country)	Jan J	artero Celerosis	aul
II 13. NADE JUNOU CE	char such		
14. BIRTHPLACE (city or fown)	alil Sid	Name of operation	of
(State of country)	Man Sur	What test confirmed diagnosis? Was ther	
15. MAIDEN THE Admid	symmet	23. If death was dua to external causes (VIOL ENGE) fill in also the foll	
16. BIRTHPLACE (city or town) (State on gounts)	illier land	Accident, suicide, or homicida? Date of Injury	, 19
(State Association )	my Cola	Where did Injury occur?(Specify city or town, county an	d State)
17. INFORMANT (Address)	which ho	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBL	C PLACE.
18. BURIAL CREMATION, OR REMOVAL	Sunv 4.	Manner of Injury	/
Phone franchisting	intere / 76/1956	Nature of injury	
0/11/11/11	alut	24. Was disaase or injury in any way related to occupation of decease	d2 (VA
19. UNDERTAKER	Wille had	If so, specify	
-0-0 45 3/ 3	0.00 01.0	(Signed) marshall Bloest	M. D
20. FILEO C. F. L. 3, 1236	Registrar.	(Address) Catornella	ud
76	se blanks are needed address State Peristman	2411 N Charles Street Baltimore Requesting 91 S No. 2	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and rela of importance were as follows:	ted causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	2 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importa	nce:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

N. B.

STATE	OF	MARYLAND—CERTIFICATE	OF	DEATH	
DEATH		(102)		,	

			I MAK	I LAND	CERTIFICATE OF DEATH	35
	. PLACE OF DEAT				(07.0)	4
	odant)				Registration Dist. No. 4	
	Village or City Ha	Lethorpe		(16	No. 28 Carville Ave. St.,  f death occurred in a hospital or institution, give its NAME instead of street and	number)
ij.	Length of residence in cit	ty or town where	death occurred_5	5yrsmos	ds. How long in U.S. if of foreign birth?yrsm	10sds.
2	. FULL NAME	El	ise Rause	ch	~	
	(a) Residence: No	28 Carvi	lle Ave. (Usuai piace	Halethory	OE St., Ward.	d State
	PERSONAL AN	D STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
		r OR RACE		RIED, WIDOWED, D (write the word) Wed	21. DATE OF DEATH  April 30  (Month) (Day)	, 193_6 (Year)
5a.	If merried, widowed, or divor HUSBAND of (or) WIFE of Conn	red Rauso	eh		22. April 7/ 1936 to April 3	
6	DATE OF BIRTH (month, day	and year) Se	ptember	17. 1855	Hest saw her alive on april 20 1936	
_	AGE Years	Months	Days	If LESS than	to heve occurred on the date steted above, at 2 . 35 Pm.	
	80	7	13	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:	Oate of onset
LION	8. Trade, profession, or pa kind of work done, SAWYER, BOOKKEE	rticular es SPINNER, PER, etc	None		Tuncho Ineumania	april 2
OCCUPAT	9. Industry or business in work was done, es S SAW MILL, BANK, e	which SILK MILL, etc				1936
00	10. Date deceased last wor this occupetion (more year)	nth end	spe	ime (years) nt in this upation		
12.	BIRTHPLACE (city or town) (State er country)		manv		Other Contributory Causes of importance: Chronic Bronshitis	1930
2	13. NAME		it Leimba	ch		
FATHER	14. BIRTHPLACE (city or to (State or country)	wn)	Germany		Name of operation Physics Date of	_
R	15. MAIDEN NAME	Anna E			What test confirmed diagnosis? This yauman Was there an 23. If death was due to external causes (VIOLENCE) fill in elso the followin	
MOTHER	16. BIRTHPLACE (city or to	wn)	ermany		Accident, suicide, or homicide? Dete of Injury	
17.	INFORMANT Mr. UB (Address) 28 Car	p. S. Mar	ngold	thorpe	Where did injury occur? (Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PL	ite) .ACE.
18.	BURIAL, CREMATION, OR R	EMOVAL	Pate May	2 4.19.36	Menner of injury	
19.	UNDERTAKER	1001/ 5 / Bally	imore St	)(C	24. Was disease or injury in any way related to occupation of deceased?	ho
20,	FILED I Cary, 1	136 1	lesso	Cogigijar.	(Signed) 2224 W. North Ave.	M. D.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car 'S 'A NV32118	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		961 G NIII.	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

			YLAND-	CERTIFICATE	OF DE	ATH 38.	36 -
	PARTH Balt			52	V		77
	Dogwood Rd	· MOOGIS	rwii		Registration	n Dist. No.	<i></i>
Village Dr C	lity =		(lf	death occurred in a hospital or ins	titution, give its NAM	ME instead of street as	Ward
Length of resid	dence in city or town where	death occurred	yrs,mos	ds. How long In U.S.	If of foreign birth?	угъ	_mosds
2. FULL NAI	ME Freder	ick Reit	Z				
(a) Residen	ce: No. Dogwood	Rd.		St., Ward.	X		
PERCON	IAL AND CTATICS	(Usual place		MEDICAL		nt give city or town	
3. SEX	AL AND STATIST	1	RRIED, WIDOWED,	21. DATE OF DEATH		E OF DEATH	
M.	W.		D (write the word)	21. DATE OF DEATH	Ohn (Month)	/ 5 - (Day)	193 3 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	red, or divorced  Helen Rei	tz			3Y CERTII	FY. That I attend	led deceased from
DATE OF BIRTH	(month, day, and year) Ma	av 15 18	166	I last saw h		. /.	5.: death is said
7. AGE Yea		Days	If LESS than	to have occurred on the date s		30 m.	, acada 15 5410
69	11	-	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DI were as follows:			10.
8. Trade, profession, or particular kind of work done, as SPINNER, Florist SAWYER, BDOKKEEPER, etc.				anguis Pectoria Fin		Jate of enset	
9. Industry or work was	business in which s done, as SiLK MILL, L, BANK, etc.						
10. Date decease	ed last worked at pation (month and	spe	time (years) ent in this upation				
12. BIRTHPLACE (cit	Gen	rmany		Other Contributory Causes of importance:			
(State or cour	cy or comm/			Caremoro	7	~	Jana 1
13. NAME W	illiam Reit	tz			£		
13. NAME W	(city or town) Ger	cmany		Name of operation		Date o	f
(State of	country)			What test confirmed diagnosis?		Was there a	nn autopsy?
15. MAIDEN NA	ME Margueri	te Hofm	an	23. If death was due to external	causes (VIOLENCE)	fill in also the follow	ving:
16. BIRTHPLACE	(city or town) Gern	nany		Accident, suicide, or homicide?	44)	_ Date of injury	, 19
(State or	country)	1 -1-		Where did injury occur?	(Specify city	or town, county and	State)
17. INFORMANT (Address)	Fredia Sei Cooks Lane		<b>u</b> n	Specify whether Injury occurre	d in INDUSTRY, in I	HDME, or In PUBLIC	PLACE.
18. BURIAL, CREMA	1.0	)	14-51	Manner of injury			
Place	rance	Date 7	1 49	Nature of Injury			
19. UNDERTAKER (Address)	frederi	ch a	La Co	24. Was disease or injury in an	y way related to occ	upation of deceased?	
20, FILED Y	19.3	Edu	dua	(Signed)Q	· C. S.	le to	M. D
	76	e blanks are needed	Registrar.	(Address) 421 N. Charles Street, Baltimore,		110	THE PERSON A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	jį	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of knilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car .	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonia	3 days ago
Other contributory causes of importance:	4	Other conditionary causes of importance:	
Gallstones	May 1,1923	Gastroenterito	1 year

V. S. No. 1 m

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Balta	Registration Dist. No. 91
Village or City . Wordlawn	No. St., Ward
	If death occurred in a horpital or institution, give its NAME instead of street and number)  osds. How long in U.S. If of foreign birth?yrs
2. FULL NAME Sidney Remina	ter
(a) Residence: No. Redge Rd and Wood	leure Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIOOWED, OR DIYORCED (write the word) Walk	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If marriad, widowed, or divorced HUSBANO of	
(at) MEE at Pauline Remington	22. I HEREBY CERTIFY. That I attended deceased from
S. DATE OF BIRTH (month, day, and year) DEC 14 1878	I last saw harry aliva on afairl 4 , 1936; death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	to have occurred on the data stated above, etA_m.
5~7 3 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end ralated causes of Importance
i or initio	Bronchial asilma Oate of one
S Trade, profassion, or particular kind of work dona, as SPINNER Moul der SAWYER, BOOKKEEPER, etc.	Sionemy asture 1934
Mindustry or business in which work was done, as StLK MILL,	
SAW MILL, BANK, etc  10) Oate decassad last worked action in this occupation (month and 1935  11. Total time (years) spant in this occupation occupation occupation	
. Stock L. +	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (State or country)  (State or country)	
1 01 . 3	
E C+ 4/6 X	
(State or country)	Name of operation
	That to a committee diagnosis:
R4 41 7	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) 900 4400 1 Care Care Care Care Care Care Care Care	Accident, suicide, or homicide?
17. INFORMANT Pauline Remington (Address Relles Rd Woodleson Med.	(Specify city or town, county and State) Spacify whether Injury occurrad in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Balto Cemeter Oal fiel 7 2 1936	Nature of injury
19, UNDERTAKER Win Cook	24. Was disaase or injury in any way ralated to occupation ot decaasad?
(Address) 1217 St. Paul St	If so, specify
01:05: -1 21 6 hands.	(Signard) Von & Martine M. F.

(Addrass Candalletown Ma) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis MAY 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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PRIOR OF DEATH  County 12 Although Shill And Annual State And number)  Village or City Caldana wille Med Annual State And number)  Village or City Caldana wille Med Annual State And number)  Length of residence in city or town where death accourred Trans. J. mos. J. ds. Now long in U.S. If of foreign birth?  2. FULL NAME MAN MAN STATISTICAL PARTICULARS  (a) Residence: No. (BOS Bulland and Sulfa Ward.  (Usual place of abodo)  PERSONAL AND STATISTICAL PARTICULARS  LEXX  4. COLOR OR RACE  OR HYDROGEN WAR WILL AND STATISTICAL PARTICULARS  LEXX  4. COLOR OR RACE  OR HYDROGEN WAR WILL STATISTICAL PARTICULARS  LEXX  4. COLOR OR RACE  OR HYDROGEN WAR WARD  OR HYDROGEN WAR WARD  OR HYDROGEN WAR WARD  AND STATISTICAL PARTICULARS  LEXX  4. COLOR OR RACE  OR HYDROGEN WAR WARD  OR HYDROGEN WAR  OR	STATE C	F MARYLAND—	CERTIFICATE OF DEATH 305	20
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Length of residence in city or town where death occurred in a horpisal or institution, give gNAME instead of storet and number)  2. FULL NAME Parks March County	out of the second of the secon		· (1) /	W
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Place (-DULL) : UNIV , Date YUL 18, 1906  Neture of Injury  19. UNDERTAKER Rita Wildleheld 24. Was disease or injury In any way related to occupation of deceased? Two (Address)  16 so, specify (Signed May D) Celliner. M. I. (Registrar.)  (Address fring Grove Hoof Catomwells)	18. BURIAL, CREMATION, OR REMOVAL	(10.100) 21	Manner of injury	
19. UNDERTAKER Rita Wildleheld  (Address)  9/4 Shebrarount are  15 so, specify  (Signed Lap Dan Loop Calomarkle)  (Address)  Address from Loop Calomarkles	Place (-DULD : UM)	Date 7/11/8, 1906		
20. FILED 4/16, 19. Helling (Signed Alag Of Delliner. M. C. Registrar. (Address Jones Good Catomarille	19. UNDERTAKER Rita Wildle (Address)	seld	24. Was disease or jajury In any way related to occupation of deceased?	no
	20. FILED. 4 19.	Helmelin	(Signer Silver Sty Stelline)	M. D.
	If more			This I

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy  Run over by street car	1 week ago
Chronie interstitial nephritisman 2 1936	1921		1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

N. B.

STATE OF	MARYLAND—CERTIFICATE	OF	DEATH	3830
				マノモファルルコ

STATE OF MA	ARYLAND—	CERTIFICATE OF I	DEATH 3839
1. PLACE OF DEATH		13970	27
County Ballinors		Regis	tration Dist. No. 2/
Village or City Jutleerull	1	No.	St., Ward
Length of residence in city or town where deeth occurred	dyrsmos	death occurred in a hospital or institution, give it	# NAME instead of street and number)  irth?vrsmosds.
2. FULL NAME Catherin	O. Laly	white	
(a) Residence: No.	a	St., Ward.	
(Usua)	place of abode)		president give city or town and State
PERSONAL AND STATISTICAL PA		MEDICAL CERTIFI	CATE OF DEATH
3. SEXTENDE 4. COLOR OR RACE S. SINGLE, OR DIVE	MARRIED, WIDOWED, ORCED (write the word)	21. DATE OF DEATH (Month)	(Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	2 /	/	(Day) (Yeer)
(or) WIFE of Window of Yease	Swarts .	22. ALEREBY CER	TIFY, Thet Lattended deceesed from
5. DATE OF BIRTH (month, day, end year)	21 18112	1 lest saw her elive on alr	10. 43. 193 C : death is said
7. AGE Yeers Months Days	If LESS then	to have occurred on the dete steted above, at	
85 8 3	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and rele were es follows:	
8. Trade, profession, or particuler	101	were es ronows:	Dete of onset
_	servife.	luveardite	s (acute) 3ubs.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	0		
ontri inital, britin, decision	otel time (yeers) spent in this occupation		
J. Valles	occupation	Other Contributory Causes of Importance:	
2. BIRTHPLACE (city or town) (Stete or country)		- O	text - late
13. NAME and Heur Zlana	Cone	warien y	er - was
13. NAME Undrew Hers  14. BIRTHPLACE (city or town)	ang.	Name of operation	
(State or country)	Δ.	Name of operation	
15. MAIDEN NAME Magdalena	Vales	23. If death was due to externel causes (VIOLE	
15. MAIDEN NAME Magdalena ( 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	
E (State or country)		Where did injury occur?	
17. INFORMANT A. String & C. (Address) Frilly 12	rid.	(Specify Specify whether injury occurred in INDUSTR'	v city or town, county and State) Y, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	21.0	Manner of injury	
Place and Suche and Dete Co	Drik 7, 1936	Neture of injury	
19. UNDERTAKER	Tono	24. Wes diseese or injury in any wey releted t	o occupation of deceased? W "
(Address) menges multip	4	If so, specify	
20, FILED april 4, 193 6 William	Chil wat	(Signed) US	eller & O. M. D
1 1011	Revistrar	(Address) / m	10 (////X

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"Xample I	UI I	Example II	
The principal cause of death and related causes of importance were as follows: MAY 4 1936	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
			1 week ago
Chronic interstitial nephritis   BURFAU V.	S. 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N.B. Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly chaesified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

11			0070
	PLACE OF DEATH	STATE OF N	MARYLAND
	County (Balto. Co.	CERTIFICATE	OF DEATH
		hear Phila Registration I	42
	Dull Peral	1 11 A Registration I	Dist. No. 12
Vi	Mage or City Hosedale (No. Postdal	I Heighto Twe St.: Ward)	(If death occurred in
			tion, give its NAME in
	2FULL NAME JOHN SUPPLE		stead of street and number.)
=		1	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
3	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MAA.	16 DATE OF DEATH	21
0	Mala IIII to WIDOWED, WILL	Cyora o	, 1920
1	Write the word)	(Month)	
6	DATE OF BIRTH	17 I. HEREBY GERTIFY, That I atte	ended the deceased from
	agril 4 1936	19202 6to	Drul & 1923
	(Month) (Day) (Year)	that I last saw by alive on after	rul f 17 192 6
7	AGE [IfLESS than	and that death occurred on the date stated	above, at 230 pm
	/// / / / I dayhrs.	The CAUSE OF DEATH * was as follows:	
-	07 yrs. 0 mos. T ds. or min.?	( again of /h	omfren
	OCCUPATION		
	a) Trade, profession or Barber	***************************************	
1	b) General nature of industry		***************************************
	vueiness, or establishment in which employed or (employer)	(Durition)	yrsde.
1		Contributory Chriterias	cleres
9 1	(State or country)	Secondary	
1	1 10 NAME OF	(Durstion)	yrsds.
	FATHER TO DO O	(Signed) trederich / 149	rmam M. D.
	11 BIRTHPLACE	1410/3/192 (Address) 79/	3 6 Ballon
ENTS	OF FATHER		or, in deaths from
	(State or country)	State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	ury and (2) Whether
N A	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospit	
0	13 BIRTHPLACE	ients or Recent Residents)	
	OF MOTHER	At place of death yrs mos, ds.	yrsds
	(State or Country)	Where was disease contracted.	λ <sub>000</sub> y ( α ο <sub>σοσοσο</sub> σοιλα σο ο <sub>σοσοσο</sub> σός <b>π</b> . ο
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?	
	maril of Jannal	Former or usual residence.	00000000000000000000000000000000000000
	(Informant) Way a. supper	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	(Address VI Addall Hughto Clore	On b Laurel bone	april 11 36
-		20 HAMEBTAKER	ADDRESS 20/6
15	Filed 4/9 1986 19 a tint mo	20 UNDERTAKER	0.00
	degistrar	muy Heury sons	Means
	If more hanks are needed, address State Registrar	. 16 W. Saratoga St., Balto, Requesting V. S	. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal minc, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Statement of Occupation-Precise statement of octo know (a) the kind of work and also (b) the For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Associations
If this certificate is looker over thoroughly and all questions answered in detail, it will revent further conceptonence. All the data is contial and must be trained before the certificate is permanently fleet. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaconia," "PUERPERAL peritonitis," etc. diseases "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); approved by Committee on (Recommendations on statement of cause of carbolic acid-probably suicide. Examples: Accidental drowning; Struck by railway train-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," (secondary ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, resulting from childbirth or miscarriage as cough; or intercurrent) Chronic The nature of the injury, affection need not be etc. The valvular heart disease Nomenclature contributory Measles

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DEATH in plain terms,

of OCCUPA-

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PHYSICIANS Exact statement1. PLACE

County\_

STATE OF	MARY	LAND-	CERTIFICATE OF DEATH 3841
OF DEATH			93-20
Galtimore	00		Registration Dist, No. 47
r City Durry Ha	Il.	(If	No. 10 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
residence In city or town where dee	th occurred	yrsmos.	ds. How long in U.S. if of foreign birth?
IAME Beryan	nin	1: Ship	leg If U.S. Veteran specify WAR Civil War
dence: No Stall nis	(Usual place of	abode)	St., Ward.  If nonresident give city or town and State
ONAL AND STATISTIC	AL PARTICI	ULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5	SINGLE, MARRIE OR DIVORCED (	D, WIDOWED, write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
dowed, or divorced	P. Ship	bley	22. I HEREBY CERTIFY That I attended deceased from 19 33 to 25 19 36
TH (month, day, and yeer)	26 0	11846	I last saw h alive on
Years Months	Deys	If LESS than	to heve occurred on the date steted above, at
90 /		1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:

Village of Length of 2. FULL N (a) Resid PERSO 3. SEX 5a. If married, wi HUSBAND o (or) WIFE of certificate. 6. DATE OF BIRT 7. AGE 8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... CCUPATION of back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... 10) Date deceased lest worked et 11. Total time (yeers) spent in this See instructions on this occupation (month and occupation \_\_\_\_ vear) 12. BIRTIIPLACE (city or tow (State or country) FATHER Name of operation... 14. BIRTHPLACE (city or town) (State or country) Whet test confirmed diagnosis? Was thera an eutopsy?... MOTHER FION is very important. 15. MAIDEN NAME 23. If deeth was due to external causes (VIOLENCE) filling also the following: Accident, suicide, or homicide?\_\_\_\_\_ 16. BIRTHPLACE (city or town (State or country) Where dld injury occur?\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT 18. BURIAL, CREMATION. Manner of injury Nature of Injury. 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKE (Address) If so, specify (Signed) Registrar. (Address) \_\_\_\_\_\_ 416

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	192	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A-A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor state UPA	1. PLACE OF DEATH	231 12
should of OCC	CountyBaltimore	Registration Dist. No.
sho m	Village or CityEUDOWOOD SANATORIUM, TOWSON,	MD No. St Ward
t Si Y	Length of rasidenca in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)
Every MANS Pement	2. FULL NAME Merving Welliams	I de la constitución de la const
SIC.	(a) Residence: No. 434 M State SA	Mallines Med 6001
CORD. Ever. PHYSICIAN cf. statemen	(Usual place of abode)	If nonresident give city or town and State
REC PI Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2 人間	3. SEX 4. COLOR OR RASE 5. SINGLE MAJERIED, WIDOWED, OR DIVORCED (write the world)	21. DATE OF DEATH
G. F. G.	may your severally	(Month) (Dey) (Year)
BINDIN ERMANE EXACT y classifie	5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of ALMA DALLE	22. HEREBY CERTIFY, That I attended decaased from
ND KA X A	o v vocaot	Sept 3 1935 to april 23 1936
BI E E E	6. DATE OF BIRTH (month, day, and year) aug 18, 1906	I last saw him alive on april 22 , 19 36; daath is said
FOR B. IS A PE stated E properly certificate.	7. AGE Yaars Months Days If LESS then 1 day,hrs.	to have occurred on the data stated ebove, at 7:15 Q m.
FO IS sta pro pro	7 0 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
- 00	8. Trade, profession, or perticular kind of work done, as SPINNER, MUSICIAN SAWYER, BOOKKEEPER, etc	DD TO
RVE C-TH ould may back	4 9. Industry or business in which	rususus monculares fan
ERV K-T hould may back	work was done, es SILK MILL, SAW MILL, BANK, etc	1.93 K
RESERVED G INK—THII GE should be that it may be ns on back of	this occupetion (points and 1631 spent in this	
RES ING I AGE that that ions o	h. 1	Other Contributory Causes of importence:
IN DI So so uccti	12. BIRTHPLACE (city or town) / Harty Sacret	
MARGIN RI UNFADING supplied. AGI n terms, so tha		
D m t	13. NAME William Shiples 14. BIRTHPLACE (city or town) Mary Joseph	Nama of operation Name / Date of
	(Stata or country) Mong Lacid	What tast confirmed diagnosts and sputien by therean autopsy? My
WITH WITH efully in plai	15. MAIDEN NAME Kelin Micenistan	23. If daath was due to externel causes (VIOLENCE) fill in also the following:
	15. MAIDEN NAME Nelse frequestar	Accidant, suicide, or homicide? Date of injury, 19
INLY, be car	Hognital December 7	Whare did injury occur?
	17. INFORMANT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLA hould OF D	Euchousod Sanatorium, Towson, Md.  18. BURIAL, CREMATION, OR REMOVAL	
E w E	Place Mt Olivit Cent Date Sat april 20,9,96	Manner of injury
-WRIT mation CAUSI	M/m (onb)	, Nature of injury
No. 1 B.—V	19. UNDERTAKER (Address) /2/7 St. Vall	24. Was disease or injury in any wey ralated to occupation of deceased?
z si	20. FILE Opt 23 36 M Burnel Vanthorn	(Signed) Wa Bridges M.D.
> Z (7	20, FILEU Registrar.	(Addrass) Towson, Md.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING B.-WRITE PLAINLY, WITH UNFADING INK-THIS V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH	1313 56 13
1. PLACE OF DEATH .	9
County Ballyman, Registration Dist. N	No. 030
Village or City Catherith . No. Son Show	St., Ward
Length of residence In city or town where death occurred 3  yrs_  mos. 23 ds. How long in U.S. if of foreign birth?y	d of street and number) yrsds.
2. FULL NAME James Simut If U. S. Veteran, specify WAR	mich Couring
(a) Residence: No. 4803 James Au St., Ward. OGO (Usual place of abode) If nonresident give city	y or lown and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF	DEATH
	3 0 , 193 6
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of  1 HEREBY CERTIFY The	nat , attended deceased from
6. DATE OF BIRTH (month, day, end year) Wy War 1868   Hast saw h. in alive on D.	, 1936; deeth is seid
7. AGE Years Months Deys If LESS than to heve occurred on the date stated above, at 400 A-m	
I dey,hrs. The PRINCIPAL CAUSE OF DEATH end related causes of im were as follows:	portance Date of onset
8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	4-19-3
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Oate deceased last worked at this occupation (month end spent in this	
Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	1924
year) occupation Other Contributory Causes of importance:    Contributory Causes of importance:   Contrib	
	Data of
	Wes there an autopsy
15. MAIOEN NAME  23. If death was due to external causes (VIOLENCE) fill in also Accident, suicide, or homicide? Date of	
S (State or country) Where did injury occur?	
Specify whether injury occurred in INOUSTRY, In HOME, or (Address)	county and State) in PUBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL	
Place Date 2 3 Neture of injury	Α
19. UNDERTAKER Adarry At Metate 24. Was disease or injury in eny wey related to occupation of	f deceased?
(Address) 4/01/ Odoggon Ayon Que If so, specify	1
20. FILEO (Signed) (Address)	whole of M.O
If more blank of medel, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	71	Example II	
The principal cause of death and related outer of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis HIN 2 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage   BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

## ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

C. C.

PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstated EXACTLY. AGE should be

Exact statement of OCCUPAproperly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important. N. B.

STATE OF MARYLAND-CERTIFICATE OF DEATH

/ 1	I. PLACE OF	F DEA	TH			108	
	County	B	altimore			Registration Dist. No.	
	Village or C	100	owson, Ma	ryland		No. Sheppard and Enoch Pratt Hospital	Ward
						death occurred in a hospital or institution, give its NAME instead of street and nu	
	Length of resi	dence in c	city or town where d	feath occurred	yrs,eDmos	ds. How long in U.S. if of foreign birth?yrsmos	ds.
2	2. FULL NAI	ME_S	ippel, Wi	lliam Fre	eman	IF.U.S. Veteran, specify WAR	
	(a) Residen	ce: No	1004 Cath	edral St.	. Baltimon	ce St., Ward.	X
parties of	PERSON	A1 AN	ND STATIST	(Usual place		If nonresident give city or town and S  MEDICAL CERTIFICATE OF DEATH	tate
-	SEX		OR OR RACE			21. DATE OF DEATH	
3.		111		OR DIVORCE	RIED, WIDOWED, D (write the word)	1 . 13	193 6
-	Male		hite	Marri	led	(Month) (Day)	(Year)
oa.	If married, widow HUSBAND of					22. I HEREBY CERTIFY, That I attended do	eceased from
_	(or) WIFE of	Mrs.	Emma D.	Sippel		Towns 0 76 Ames 1 0	1936
6.	DATE OF BIRTH	month, da	y, and year) Ato	ril 7, 18	279		
	AGE Yea		Months	Days	If LESS than	to have occurred on the date stated above, at 12:11 P.	
	57	,		7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
5	8 Trada, profes	sion, or p	particular			were as follows: . Myocardial Insufficiency	OV . 1934
ğ	kind of w	ork done BOOKKE	, as SPINNER, EPER, etc.	Manufacti Show-		2. Chronic Passive Congestion	
PA	9. Industry or	business I	n which SILK MILL,			3. Lobar pneumonia, rt. middle lobe	suveral
2	SAW MIL	L, BANK,	etc	1		I denotatized at our rostrologis	
0.	10. Date decease	pation (mo	onth and		ime (years) nt in this 25	5. Thrombosis of rt. coronary artery infarction of posterior wall of left	with
-	year)				rpation	Ven tricle Causes of importance:	Since
12.	BIRTHPLACE (cit		Baltim	ore, Md.		Psychosis with somatic disease	Dec.
~	(Stata or cour					-	1935
H	13. NAME CY	narle	s Sippel				
FATHER			own)Bal	timore, 1	1d.	Neme of operation Date of	
-	(Stata or					What test confirmed diagnosis? Was thera an au	opsy?
MOTHER	15. MAIDEN NA	ME M	ary Heckm	an		23. If death was due to external causes (VIOL ENCE) fill in also the following:	
0			own)Bal	timore, 1	(d.	Accident, suicide, or homicida? Date of injury	, 19
2	(Stata or	country)				Whare did Injury occur? (Specify city or town, county and State)	
17.	(Address)	ospit	al Record	ds		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18.	BURIAL CREMAT		· Im Was	1 11	he 1= 51	Manner of injury	
	Place/1/VV	mmu	my you	Date	, 19	Nature of injury	
10	. UNDERTAKER	1	Mm	look)	/	24. Was disease or injury In any way related to occupation of deceased?	od.
13.	(Address)	12%	7 14.9	trul a	11/1/	If so, specify	
20	FILED OFF	8	36 /111	MALKAII. 1	ox Han	(Signed)	M. D.
20.	TILED TE	,	10	asq. V. Verz. ff.	Registrar.	(Address) — powson, is ruland	•

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9.—The industry or business in which the work was done.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAI V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	384
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1. PLACE OF DEAT				46-B 2	2
				Registration Dist. No.	2
Village or CityRa			(lf	No. Hamilton & Radeke Aves. St., death occurred in a horpital or institution, give its NAME instead of street and	number)
Length of residence in city	or town where dea	th occurred 14	yrs,mos	ds. How long in U.S. if of foreign birth? 50 yrs. m	osds.
2. FULL NAME	Eleise Sm	ith		1	
(a) Residence: No. H	amilton &	Radeke	Aves.	St., Ward.  If nonresident give city or town and	10.
PERSONAL AND	STATISTIC	(Usual place		MEDICAL CERTIFICATE OF DEATH	State
			RIED, WIDOWED,	21. DATE OF DEATH	
Female Whi		OR DIVORCE Widowe	D (write the word)	April 13, (Month) (Oay)	, 193 6 (Year)
5a. If married, widowed, or divorce HUSBAND of (or) WIFE of Peter	Barton S	Smith		22. I HEREBY CERTIFY, That I attended 13 attended 13	deceased from
6. DATE OF BIRTH (month, day,	and year) Nov	6, 184	7		_; death is said
7. AGE Years	Months 5	Oays	If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
88			ormin.	were as follows:	Oata of onset
8. Trade, profession, or par kind of work done, a SAWYER, BOOKKEEP	s SPINNER, HOER, ER. etc.	usework		Carcinoma of lower end of	1932
9. Industry or business in work was done, as SI SAW MILL, BANK, et				stomach	-
10. Date deceased last work this occupation (mont year)	ed at	11. Total s	time (years) ent in this upation		
12. BIRTHPLACE (city or town) (State or country)	Alsace Lo			Other Contributory Causes of Importance:	
当 13. NAME Unk	nown				
13. NAME Unk  14. BIRTHPLACE (city or tow	n)			Name of operation Date of	
(State or country)	Unkno	own		What test confirmed diagnosis? Was there an	
15. MAIOEN NAME	Unknown			23. If death was due to external causes (VIOLENCE) fill in also the following	g:
15. MAIOEN NAME  16. BIRTHPLACE (city or tow (State or country)	Unknown	1		Accident, suicide, or homicide? Date of Injury Where did Injury occur?	, 19
17. INFORMANT Mrs. G (Address) Ham. &	eorge Lut	z ves.		(Specify city or town, county and Sta Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	
18. BURIAL, CREMATION, OR RE	MOVAL ark	Date Apr.	16, ,1936	Manner of injury	
Aredeuc	ck Lassa	hn & Son	n	24. Was disease or injury In any way related to occupation of deceased?	
13. DITOLITARLIT	elair Rd			If an appaign	
20. FILEO 4/15	36 5.	a. Fr	ity M.D. Registrar.	(Signed) (Address) 5713 Belair Rd., Balto.	Md.M.D

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Example I VED		Example II	
The principal cause of death and related causes of importance were as follows: 2 1936	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritises 110 EAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonilis	3 days ago
			18
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

em of infor- should state	
D. Every it.	
REC Fxact	3.
ADING AANENT ACTLN assified.	3. 5a
S A PER) tated EX roperly cl	6. 7.
ESERVED FINK—THIS I E should be sat it may be p son back of ce	OCCUPATION
MARGIN RESERVED FOR BINDING —WRITE PLAINEY, WITH UNFADING INK—THIS IS A PERMANENT RECED. Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	MOTHER FATHER 12
e carefully ATH in pla	MOTHER
PLAIL hould book DE.	17
ITE on sl SE (	10
-WR matic CAU	19

STATE OF MARYLAND	-CERTIFICATE OF DEATH 3846
1. PLACE OF DEATH	(220)
County Balfusore	Registration Dist. No. 40
Village or City Mofel Cliff	NoSt.,Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)  mosds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Sister Mary Sola	india
	N-1
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) See gle	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Och. 18 ,1934, to April 30 ,1936
6. DATE OF BIRTH (month, day, end year) Sept. 15-1868	t lest saw here alive on April 29 ,1936; death is said
7. AGE Years Months Days If LESS than	
87 7 15 ormin.	were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	April 15)
SAWYER, BDOKKEEPER, etc. FOULEWOOLI	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et bis occupation (month and	
D. Date deceased last worked et this occupation (month and year) this occupation	
12. BIRTHPLACE (city or town) - Generally (State or country)	Dther Contributory Causes of importance:  A 2 terial Selerosis 2
13. NAME Francis Buch heil	
13. NAME Francis Buch heil  14. BIRTHPLACE (city or town) Lessus any (State or country)	Name of operation Date of
15. MAIDEN NAME Margaret Ries.	What test confirmed diagnosis? Was there an autopsy?  23, If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Margaret Ries  16. BIRTHPLACE (city or town) Glermany  (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT S. Mary Clara World Cliff,	(Specify city or town, county and State) Specify whether Injury eccurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Notch Cliff Date May, 4th, 1930	Manner of Injury
19. UNDERTAKER GOO W. Fink & Son Wolfe Sty	24. Wes disease or injury In any way related to occupation of deceased?  If so, specify
20. FILED 1/3 C do Faller MI tamm. Registrar.	(Address) M. D.
If more blanks are needed, address State Regist	rar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal eause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAY 4 1930	July 5,1927	Peritonitis	3 days ago
Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL SI	 TARAGE DIVI	 11 1 DI OIIII		
			b	

	- 7
(IVI)	30

PHYSICIANS should state

stated EXACTLY. properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may

See instructions on back of certificate.

TION is very important.

OCCUPA-

Exact statement of

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE	OF DEATH					41			
County	Baltin	nore			Registration Dist. No. 32				
Village o	r City Par	kville			No. Texas Ave. Parkville, Md.	Word			
				(1	death occurred in a horpital or institution, give its NAME instead of street an	d number)			
					sds. How long in U.S. if of foreign birth?yrsyrs	mosds.			
	IAME Jac				×				
(a) Resid	dence: No. Te:	xas Ave		ille, Md.	St.,Ward.				
D==0			(Usual place		If nonresident give city or town a	nd State			
	DNAL AND S		1		MEDICAL CERTIFICATE OF DEATH	4			
Male	4. color of		OR DIVORCE	RIED, WIDOWED, D (write the word) Pried	21. DATE OF DEATH April 28. (Month) (Oav)	, 1936(Year)			
5e. If marriad, with HUSBANO of	dowed, or divorced								
(or) WIFE of	Emr	na Stor	ıt		22. I HEREBY CERTIFY, That I attends Jan. 19 34 to April 28,	d deceased from			
		1/0	·· 20 10	C7					
	TH (month, day, and Yaars	Months	Deys	If LESS than	I lest saw h_im_eliva on_April 28,, 1936; deeth is se to heve occurred on the dete steted abova, at 6 A • m.				
The Local Control of the Local			8	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related courses of importance				
Trade of	ofession, or perticu		0	ormin.	were es follows:				
NO SAWY  9. Industry work SAW 10. Deta dae	of work done, es SI ER, BOOKKEEPER,	PINNER,	Lather		Andhaitin Yerrandanahi	1000			
9. Industry	or business in which	ch		~~~~~~~~~	Arthritis, Hypertrophic	1926			
SAW SAW	was dona, as SILK MILL, BANK, etc								
10. Deta dac this o year)	eased lest worked occupetion (month as	et nd 1927	spa	ime (years) nt in this upation					
			ngton		Other Contributory Causes of importence:				
(State or o	(city or town)	J.	110.111						
	Jacob Sto								
13. NAME									
(State	ACE (city or town) a or country)	Dela	ware		Name of operation Dete of	No			
15. MAIDEN	NAME Alice	7	known)		Whet test confirmed diagnosis? Wes there er				
<b>E</b>			1125	Gen I	23. If deeth was dua to externel causes (VIOL ENCE) fill in elso the follow				
O 16. BIRTHPLA	ACE (city or town) or country)	Delawa	re		Accident, suicide, or homicide? Oete of injury	, 19			
Emma Stout					Whera did injury occur? (Specify city or town, county and St	ale)			
17. INFORMANT	Texas Av		rkville.	Md .	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	LACE.			
	ATION, OR REMOV		0		Manner of Injury				
Placa	ark wood	,,,,,,	Octo Upri	130,1906	Nature of injury				
	Leonard	I Day	2- [A]						
19. UNOERTAKER	5305 Har	cford F	d. Balt	o. Md.	24. Was disease or injury in any wey releted to occupetion of decessed?				
//1		. /	maga	(	(Signed)	8 0			
20. FILED WALL	129,193	0- 01	11/1/1400	Registrar.	(Address) 5713 Belair Rd.	M. U.			

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1	1	Example II		
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neg	Virilis L	1921	Run over by street car	1 week ago	
Ccrebral hemorrhage	MAY 8 1930	July 5, 1927	Peritonitis	3 days ago	
Other contributory	BUREAU V. S.		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

STATE OF MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	107-016
County Balling.	Registration Dist, No. 36
Village or City Calmarille	No. Shim Showe St. War
	If death occurred in Thospital or Institution, give its NAME instead of street and number)
1. (1/ 9)	sds. How long in YS. if of foreign birth?yrsmosd
2. FULL NAME VY ONN	If U. S. Veteran, specify WAR
(a) Residence: No. Overland Seasy Notand (Usual place of abode)	Ward. Someswelle The State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Alam 22, 1936
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFEOF A CORNAL OF TO THE CORNAL OF THE CO	22. 1 I HEREBY CERTIFY. That I attended deceased fro
Source State of the state of th	1936 to 1 1936
6. DATE OF BIRTH (month, day, and year) 7- 1873	I last sawh allve on allve on 19.36; death is sa
7. AGE Years Months Oays If LESS than 1 day	to have occurred on the date stated above, at 1.1.1.5.4m.
62 JS ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Proposition 4-21-
work was done, as SILK MILL, SAW MILL, BANK, etc	
1) 10 Date deceased last worked at	
this occupation (month and work spent in this occupation securation spent in this occupation securation secura	
12. BIRTHPLACE (city or town) Prince Ed Island	Other Cantributary Canses of importance:
(State or country) Cauada	
13. NAME was statest	
14. BIRTHPLACE (city or town) Prices Ed Saland	Name of operation Dete of
(State or country)	What test confirmed diagnosis Orrecon Sugar. Was there en eutopsy?
15. MAIOEN NAME Mis Galerage	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town). Truin Colorada de la	Accident, suicide, or homicide? Date of injury, 19
(State or country) Causala	Where did injury occur?
17. INFORMANT lum a miller	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 5004 Reland On Bello	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Somervelle mass Date a ful 203, 1936	Nature of injury
19. UNDERTAKER a tewart + Mowen Company	24. Was disease or injury in any way related to occupation of deceased?
(Address) 108 W. Morth ave.	tf so, specify A
20. FILEO afril 22, 1936 Marshall B lond	(Signed) AMMY A. M. M.
Registrar.	(Address) S my meg has
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Corebral hemorphase MAY 2 1996	1921	Run over by street car	1 week ago	
Cerebral hemorrhage MAT 2 1999	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. V. S. No. 1 8

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	1070
	County Allumere	Registration past, NJ 30
	Village or City Catorsulle Mid	death occurred in a posterial or institution, gife its NAME instead of street and number)
1	Length of residence in city of town where death occurredyrsyrs	ds. How long in U. S. if of foreign birth?yrsmosds.
	2. FULL NAME Caac Collins Je	Sectt If U. S. Veteran, specify WAR
	(a) Residence: No.	seles (Surgette MA) 01x-
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3.SEX 4. COLOR QR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH, 3
	The state of the s	(Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY That attended deceased from
	6. DATE OF BIRTH (month, day and post 5 186 3	I lastyraw here alive on Alile 12 1936; death is said
	7. AGE Years Months Days II LESS than	to have occurred on the date sated above, at 4557 Am.
	72 5 37 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were, as follows:
	8. Trade, profession, or particular kind of work done, as SPINNER, A-ALMANLY	frank tue
	9, Industry or business in which	Detre hopulisusomal 3-27-36
	work was done, as SILK MILL, Fearm	Marie Repressur Butchoris 8-1926
	1). Date deceased last worked at this occupation (most rand ) 2 ( occupation (most rand ) 2 ( occupation )	
	12. BIRTHPLACE (city of shwn) March (State or compress) March (D. McG)	Other Contributory Causes of Importance:
	W 13. NAME INUS Show	
	14. BIRTHPLACE (city or town)	Name of operation
	Country of Marie Color of the	What test confirmed disappeared by Long Blancher and some well
	15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
	(State or country) MMBMM	Where did injury occur? (Specify city or town, county and State)
	17. INCOMANY I haspital Records	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR ROMOVAL	Manner of injury
	Place or surge of place to 19 19	Nature of Injury
	19. UNDERTAKER Harry To Weitz CR	24. Was disease or injury in any way related to occupation of deceased?
1	41 7101	(Signed) Mas M. Mellmer. M.D.
,	20. FILED 7 193 Registrar.	(Address fring Sur May, Catausia,
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes | Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 near

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	63
1. PLACE OF DEATH .	82-0	11
County Baltimore	Registration Dist. No.	39
Village or City (Planewice	NoSt.,	Ward
Length of residence in city or town where deeth occurred 4.3 yrs. 2 mos	death occurred in a hospital or institution, give its NAME instead of street and	number)
0101111	1	DS
2. FULL NAME Gohn Candelph y	umtaugu	
(a) Residence: No. Ohalus Mide (Usual place of abode)	St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH The CO	0/
Male will widoward	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Jhat I attended	deceased from
(OI) WITE OI	april 9, 1936, 10 apr. 9	19.36
6. DATE OF BIRTH (month, day, and year) 4-et, 1, 1873	I last saw have elive on april 9 1936	, death is said
7. AGE Years Months Days If LESS then 1 day,hrs.	to have occurred on the date stated above, at Cm.	
6 9 2 8 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onest
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebrail Jess, orshage	
Jundustry or business in which	(Nemplegia)	4m4/3/
SAW MILL, BANK, etc		
11. Total time (years) this occupation (years)		
year)	Other Contributary Causes of Importance:	
12. BfRTHPLACE (city or town) Shows (State or country)	f	
The state of the s	Denign Nifferlinsson	1933
E John Survey		-
14. BIRTHPLACE (clty or town)   (State or country)	Name of operation Dete of	
15. MAIDEN NAME Con ANOTHER WILL.	What test confirmed diagnosis?	
15. MAIDEN NAME Becel Attemy Knight,  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following  Accident, suicide, or homicide? Dete of Injury	
State or country)	Where did injury occur?	, 17
17. INFORMANT Benjamin Tumbawale	(Specify day or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
(Address) Oliverar mil		
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place ( place ), 19 de , 19 de	Nature of injury	*
19. UNDERTAKER Wm - C. Busses Form	24. Was disease or injury in any way releted to occupation of deceased?	No
4/10 20 00 000	(Signed) Wilmer C. Gusor.	
20. FILED 1996 Manage Registrar.	(Address) Cockey sille &	ud.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example 11		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	Maria de la composición dela composición de la composición de la composición dela composición de la composición dela composición dela composición de la composición de la composición de la composición dela composición de la composición dela composición de			
Other contributory causes of importance:		Other contributory causes of importance:	1110	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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AUSE OF DEATH in plain terms, so that it may be properly classified.

MON is very important. See instructions on back of

certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	3851
County_Baltimore	Registration Dist. No. 32
Village or City_Pikesville, P.O.	ND. Outside St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred_5.0yrs,m	nosds. How iong in U.S. if of foreign birth?yrsmosds
	If U. S. Veteran, specify WAR
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX male 4. COLOR OR RACE white S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH April 26th 193 6
5a. If merried, widowed, or divorcad	(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of Lenore Kahoe Volz	22. I HEREBY CERTIFY, That I attended deceesed from
	April 26th ,19 36 April 26th ,19 36
6. DATE OF BIRTH (month, day, and yeer) June 1st 1885	i last saw h im aliva on April 26th 19 36; deeth is sain
7. AGE Years Months Deys If LESS than 1 day,hr	to have occurred on the dete stated above, et _Q.eQ.m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or perticuler	
kind of work done, es SPINNER, Insurance Broker SAWYER, BOOKKEEPER, etc Insurance Broker 9: Insurance Broker work was done, es SILK MILL. Felix Sullivan & Co.	Cerebral Hemorrhage 4/hrs
9. Industry or business in which work was done, es SILK MILL, Felix Sullivan & Co.	
SAW MILL, BANK, etc	
Poltimore Nd	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) BALLLIMOT 9 MQ (State or country)	Arterial Hypertension
II 13. NAME John Volz	
14. BIRTHPLACE (city or town) Germany	Neme of operation none Deta of
(Stata or country)	What test confirmed diegnosis? Clinical Wes there an eutopsy? NO
15. MAIDEN NAME Katherine Knierim	23. If deeth wes dua to external causes (VIOLENCE) fill in elso the following:
15. MAIDEN NAME Katherine Knierim 16. BIRTHPLACE (city or town) Germany (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Lenore Kahoe Volz (Address) Sudbrook Park, Md.	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece Landon Lank Date Opill 8 , 1936	Manner of Injury
19. UNDERTAKER Frank H. Newell	24. Was diseese or injury in any way related to occupation of deceased?NO
(Address) Pikesville, Md.	if so, specify
20. FILED CIPIL 27, 1936 6 & Mchal	(Signad) E. Michael M. F. (Address) Pikesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
APR 30			
ADDITIONAL SPACE F	OR FUETH	ER STATEMENTS BY PHYSICIAN	

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAI 6 1000			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	ADDITIONAL	SPACE FO	OR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 A

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23 70000
County Baltruose	Registration Dist. No. 33.
Village or City Mount Pleasant, Reisters	Tours Md. St Ward
Length of residence in city or town where deeth occurred vrs 4 mos	death occurred in a hospital or institution, give its NAME instead of street and number).  29 ds. How long in U.S. If of foreign birth?  35 yrs. mos. ds.
2. FULL NAME David Warningh	AR _ 43
(a) Residence: No. 90/ Platryon.	St. Ward. Morfolk Va. 1
(Usual place of abode)	St., Ward. Offollows identification of the State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DAYORCED (write the word)	21. DATE OF DEATH  April  (Month)  (Dey)  (Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Sarah Waranch	22. I HEREBY CERTIFY, Thet   ettended decessed from
6. DATE OF BIRTH (month, dey, and year) January ? 1877	I last sew hour alive on april 15 19.36; deeth is said
7. AGE Years Months Deys If LESS then	to have occurred on the date steted above, at 110 A.m.
59 3 ? 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were, es follows:
8. Trede, profession, or particular kind of work done, es SPINNER, Merchant SAWYER, BODKKEEPER, etc. 9. Industry or business in which	Chronic Pulmonery Tuberculosis 14 month
9 Industry or husiness in which	
work wes done, es SILK MILL, SAW MILL, BANK, etc	
10. Date decessed last worked at this occupation (month and yeer) — March 1935 occupation occupation occupation	
12. BIRTHPLACE (city or town) Russia	Other Contributory Causes of importence:
(State or country)	
13. NAME Zeleck Waranch	
13. NAME Zeleck Waranch  14. BIRTHPLACE (city or town) - R. Maria	Neme of operation Date of
1 (State of Country)	What test confirmed diagnosis?
15. MAIDEN NAME Chipa Coher  16. BIRTHPLACE (city or town) Russia	23. If deeth was due to external ceuses (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) / WSWA (Stete or country)	Accident, suicide, or homicide?
17. INFORMANT Gospital Records (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place for fork la. Date april 15, 1936	Neture of injury
19. UNDERTAKER Nach Lewis Vnc	24. Wes disease or injury in any way related to occupation of deceased?
(Address) / 1439 L. Balto 10.	If so, specify
20. FILED April 15, 1936 Homely Registrar.	(Signed) Mount Clearant Reinterstan M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	Tit II	Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	APR 23 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory can	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				1

m,

infor-

1. PLACE O

County\_\_\_ Village or

Length of ras

2. FULL NA (a) Reside PERSO

5a. If married, wido HUSBAND of (or) WIFE of

6. DATE OF BIRTH

8. Trede, profi

9, Industry or work w

> Date decae this occ

> > year) \_

3. SEX

7. AGE

SCUPATION

MOTHER

20. FILED ...

STATE-OF MARYLAND-	CERTIFICATE OF DEATH 3854
F DEATH 1	
P DEATH Charles	(108)
Molwood	Registration Dist. No.
City Calucully 8/1	roug from May St. Ward
10- 10-	death occurred in a happital or institution, give its NAME instead of street and number)
oldence In city or town where death occurred	Z & ds. How long in U.S. If of foreign birth? 30 yrs. at 705. ds.
ME Jour Ward	If U. S. Veteran, specify WAR
	1-
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
white married	(Month) (Day) (Yaar)
wad, or divorced	(laar)
Harmala ward	22. I HEREBY CERTIFY. That I attended deceased from
61	01.
(month, day, and yaar) Upr11 1870	I lest saw h alive on
ars Months Deys If LESS than	to heve occurred on the dete stated above, at
5 // Z \ 1 dey,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
ession, or perticular	Date of onsat
work done, as SPINNER, we allow h -	,
business in which	
is done, es SILK MILL, Deel Weeker	Lotar tuema dez
sed last worked at II. Total time (years)	as rac vicume a agre
spant in this occupation 25 2	1436
	Other Contributory Causes of importance:
ity or town)	

12. BIRTHPLACE (C (Stete or country) FATHER 13, NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME 16. BIRTHPLACE (city or town (State or couptry)

17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER (Address)

If so, specify

>(Signad) (Addrass) \_

Name of operation.

Manner of injury

Nature of injury.

What test confirmed diegnosis

Whara did injury occur? \_\_.

Accident, suicide, or homicide?

23. If death wes due to externel causes (VIDLENCE) fill in also the following:

Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.

24. Wes disaasa or injury in any way releted to occupation of decaased

(Specify city or town, county and State)

If more blanks are geeded, address Stagt Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

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10.—The month and year the deceased last worked at the occupation.

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	ample I		Example II	
The principal cause of deal of importance were as follows	n and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	2 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	WK O Too.	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5, 1927	Peritonitis	3 days ago
•	BUREAU			
Other contributory causes	of importance:	Tome a	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastrocnteritis	1 year
		1		

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

-	_	-		
-	N	N		
	1			

Exact statement of OCCUPA.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	3857
County Beltsmon	Registration Dist. No.
Village or City Ruston	No. St. Ward
(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
1. 1-1 78.1	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Allan Wite Mite	×
(a) Residence: No. Maxton, MJ (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH apr. 1
5a. If marriad, widowad, or divorced	(Month) (Day) (Yaar)
(or) WIFE of Grances Imogen White	22. I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Nov. 7 1884	I last saw harmas alive on alive on 1934; death is said
7. AGE Years Months Days If LESS then	to have occurred on the data stated abova, at 12. A. m.
5 5 7 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware es follows:
Not be stated by the state of t	
SAWYER, BOOKKEEPER, atc.	Cercimon of The Colon with Reconnece Discourse
work wes done, es SILK MILL, eal 6 sac	following operation chart
0 10. Date deceased last worked at this occupation (month end spant in this	926 1831
year) occupation occupation	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) (Stelle or country)	College Contractory Canada (in Importance)
13. NAME G. Loward World	
13. NAME 9. Journal Witte 14. BIRTHPLACE (city or town) Haward County (Stete or country)	Name of operation Assection of dinisis of Protion of Colon Date of afet 22: 1935 What test confirmed diagnosis? Clinical A Latenday Westhera an autopsy?
15. MAIDEN NAME Caroline Wilson	23. If daath was due to extarnal causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Caroline Wilson  16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Date of Injury, 19
(State or country)	Whara did injury occur?
17. INFORMANT Dr. Journey Write fr. (Address) 9/7 It Paul II	(Specify city or town, county and State) Specify whathar Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place and on 1 Data pul 6, 1936	Natura of injury
19. UNDERTAKER Lenny W. Lendems Some & Co (Address) M. C. Cullo Lo. # 10 retroit	24. Was disaase or injury In any way raleted to occupation of daceased? No
20. FILED TO STEEL CONTROLL OF REGISTER.	(Signad) M. D. Ashry M. D.  (Addrass) Ruxdon M. D.
If more blanks are needed, address State Registrar	2411 N. Charles Street Baltimore Requesting 71 S. No. 1

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 wcek ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TENTANTALATER	OI TION	7 010	T O IV I III III	DIVERNITION	10 1	I II I DI ULTAN

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3856	
1. PLACE OF DEATH		
County Ballimer	Registration Dist. No. 37	
Village or City. Cocher Sulle RFD	No.	Wand
(lif	death occurred in a hospital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town white death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Charles A While	ford	
(a) Residence: No. Cuckeysulle R. A.	Dot., Ward.	
(Asual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH	
OR DIVORCED (write the word)	21. DATE OF DEATH	21
5a. If married, widowed, or divorced	(Math) (Day) (193	Year)
HUSBAND of Or WIFE of	22. I HEREBY CERTIFY, That I attended decease	end from
Jane 2 milyon	Man 1 21 at a 1	9.3 4
6. DATE OF BIRTH (month, day, and year) May 2 1870	I last saw h un alive on march 37 , 1936; deat	th is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
65 10 30 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done as SPINNER	Date	ofonset
SAWYER, BOOKKEEPER, etc	Write legungulations 1	929
9. Industry or business in which work wes done as SILK MILL, SAW MILL, BANK, etc.	1	
10. Date deceased last worked at 11. Total time (years)		
this occupation (month and 29 spent in this 304/		
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:	
(State or country) Nay Cana		
5 13. NAME MCIA Chateland		
14. BIRTHPLACE (city or town)	Name of operation Name Date of	
(State or country)	Date of	.9
15. MAIDEN NAME & S. FLACELL	What test confirmed diagnosis? Was there an autopsy  23. If death was due to external causes (VIOLENCE) fill in also the following:	1
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 1	0
(State or country)	Where did injury occur?, 1	3
7. INFORMANT Mrs. Charles of whilefred	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) everysulle the		
8. BURIAL, CREMATION, OR REMOVAL	Menner of injury	
Place Date april 3/30	Nature of Injury	
9. UNDERTAKER LOW ROOM	24. Was disease or injury in eny way related to occupation of deceased?	
(Addiess) 1214 St Paul St (Balto.)	If so, specify	
10. FILED Abil M. 196 MA DV ach mb	(Signed) US OK DService	M.D.
Registrar.	(Address) Creperally Ma	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Vo. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- 17	Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 4 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis MA	2 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Des			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIAMS successified. Exact statement of OCCUPA-AD. Every item of infor-LY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. AGE should be MARGIN RESERVED mation should be carefully supplied. TION is very important. -WRITE PLAR

V. S. No. 1 N. B.—W

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(a) × (35)
County Baltymore	Registration Dist. No. 44
Village or City Sturners Bun Mid	ONO. St., Ward
7 A	death occurred in a hospital or institution, give its NAME instead of street and number) ds How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME CAMILE Hellian	-1
(a) Residence: No. The plewell are.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	aprel 2, 1936
(or) WIFE of Office Colors	22. I HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h. W. elive on Upul/26, 1936 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
. 65 3 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Oata of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	7
9. Industry or business in which work was done, as SILK MILL	1110 chief
SAW MILL, BANK, etc.	Chronic pounchymatous ouphritis. Ready
10. Date deceased lest worked et this occupetion (month and year) occupation occupation	Duration: indefinite over two years.
141- la M1/1	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) / What was a second of the country)	Carling Hat I
13. NAME William Hodges	wan a farture
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) The Al.	What test confirmed diagnosis? Clearl Wes there an au'opsile
15. MAIDEN NAME Assanows	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT LAMBIL Suffer Lames Eu	Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Datering Place May 3 40, 1936	Manner of injury
The BINDON A I OL	Neture of injury
19. UNDERTAKED 12 Pagoline D. Aughte (Address) 1/2 Pagoline D.	24. Wes disease or injury In any way related to occupation of deceased?
20. FILEO Way 1 , 193 6 Joles 15. Cornelly Registrary	(Signed) Junear Haus M. D.  (Address) 12021 Carrlina D:
If more blanks are needed, address State Resistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAY 4 1936	1915	Attack of epilepsy	1 week ago
Corolinal homorphage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	. July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDI	FPW
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VED	THIC
RESERVED	INK
IN RI	THE HINEADING INK THIS IS A PERMAN
MARGIN	TINEA
4	HLL

1. PLACE OF DEATH		(59)	X	-00
County Baltime	~~		Registration Dist. No.	44
Village or City Leave	<u>C</u> ,	NoNo	st.,	
Length of residence in city or town where		If death occurred in a hospital or institution, isds. How long in U.S. if of fore		
2. FULL NAME Telens	Zamena	If U.S. Veteran specify W.		
(a) Residence: No. Seems	and and Beck	St. Ward.	X	
(d) Residence. No.	(Usual place of abotie)	]Ou,	If nonresident give city or town	and State
PERSONAL AND STATIST			TIFICATE OF DEATH	-1
J. SEX 4. COLOR OR RACE	5. StNGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	bue 23	(
JETRUE TYTO	married		onth) (Day)	(Ye
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	2000	22. I HEREBY C	ERTIFY Thet I etten	ded decease
I'm. J.	1 / 1 .00	apr 3 ,196	16.10 a pl 2;	<b>)</b> , 19.
6. DATE OF BtRTH (month, dey, end year)	an. 21+ 1882	I last saw h - This on do	Pu 1 20 19.	; death
7. AGE Years Months	Days If LESS than 1 day,hrs	to have occurred on the date stated ebo		
3	2   ormin.	The PRINCIPAL CAUSE OF DEATH en were as follows:	d related causes of importance	Detec
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewit	Coronas	a Strank	
A Industry or business in which	0	1 0 0 0 0 0 0	1 Junion	b
SAW MILL, BANK, etc	1			
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spant in this occupation			
	alto Q.	Other Contributory Causes of Important	ie:	
12. BIRTHPLACE (city or town) (State or country)	md.	Cherry	Scleroc	14
13. NAME	Bohlen	and De	abelo	
14. BIRTHPLACE (city or town)	alto Q.	Name of operation	Dete o	of
(State of Country)		Whet test confirmed diagnosis?	Wes there	an autopsy
15. MAIDEN NAME	mohr	23. If death wes due to external ceuses (	VIOLENCE) fill in elso the follo	wing:
0 16. BIRTHPLACE (city or town)	Balto Co.	Accident, suicide, or homicide?	Dete of Injury	, 19
(Stete or country)	ma.	Where dld Injury occur?(	Specify city or town, county and	State)
17. INFORMANT YEAR (Address) \$2 26 G	tenhoff	Specify whether injury occurred in INI	USTRY, In HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	4/20/11	Manner of Injury		
Place Place	Date	Nature of injury		
19. UNDERTAKER	Donnelly	24. Wes disease or injury in any way re	lated to occupation of deceased?	
(Address) (Casal	2 Library	If so, specify (Signed)	Illan	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

of OCCUPA-

S	TATE OF	MARY	LAND-	CERTIFICATE	OF DEATH	3850	
1. PLACE OF DEAT				(131)	*	21	
County_ Baltin	more				Registration Dist. No.	2/	
Village or City	Woodlawn			No. Windsor Mi death occurred in a hospital or instit	11 Road	St.,Wa	ird
Length of residence in ci	ty or town where deat	h occurred Li	f Grsmos	death occurred in a hospital or instit	of foreign birth?yrs.	street and number)	ds.
2. FULL NAME	Har	riet Eli	zabeth Zir	mmerman			
(a) Residence: No.					If nonresident give city of	or town and State	
PERSONAL AN					CERTIFICATE OF D		economic a
	R OR RACE   5.	OR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH	ril 6. (Day	, 193 6	
5e. If merried, widowed, or divo	rced				· · · · · · · · · · · · · · · · · · ·	, , , , , ,	
(or) WIFE of				22.   I HEREB	Y CERTIFY, Thet	attended deceased fr	om
6. DATE OF BIRTH (month, day	Apri	1 7. 187	1	I lest sew h_QT elive on	01 11	19.36; death is s	e id
7. AGE Years	Months	Deys	if LESS than	to heve occurred on the deta star	/	-, 13 22, death is s	eiu
64	11	29	I dey,hrs.	The PRINCIPAL CAUSE OF DEA		rtance	
8. Trade, profession, or po kind of work dona, SAWYER, BOOKKEE	erticuler es SPINNER, PER, atc.	None	1 01	Chame	hephete	Date of one	-
9. Industry or business in work was done, as S	which						
SAW MILL, BANK, a  10. Deta decessed last wor this occupation (mor year)	ked et nth and		ne (yeers) t in this petion				
12. BIRTHPLACE (city or town) (Stata er country)	Baltimore	e ryland		Other Contributory Causes of imp	portance:	7	•
13, NAME	William E.		an	- Creficot	Amuse	Loge 17	ري
13. NAME 14. BIRTHPLACE (city or to		imore Maryland		Name of operation	00 - 0	Date of	=
œ	Martha Jane			Whet test confirmed diagnosis?		s thera en autopsy?	<u></u>
15. MAIDEN NAME  16. BIRTHPLACE (city or to	wn) Balt			23. If death wes dua to externel ce Accident, sulcide, or homicide? Where did injury occur?			
17. INFORMANT Mr. All	ert R. Zin			Specify whether injury occurred	(Specify city or town, count in INDUSTRY, in HOME, or in	nty and State) PUBLIC PLACE.	
18. BURIAL, CREMATION, OR R	REMOVAL /	1-		Menner of injury			
Place Mt. Olive	e Cem	o April	9/ 19 36	Nature of injury			
19. UNDERTAKER 1003	W. Baltimo	re St,		24. Was diseese or injury In eny	way related to occupation of de	ceased? wo	
20. FILED Juif 991	36 m	7. 12m	ffert. Registrar.	(Signed) 4509	Liberty Heigh	ts Ave.	. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar.

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		The state of the s	
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